Government of Saskatchewan

2006 – 2007 Annual Statistical Report

Saskatchewan Health

Medical Services Branch

Preface

This document is a statistical supplement to the Annual Report of Saskatchewan Health for the fiscal year 2006-07. It contains statistical data concerning the programs administered by the Medical Services Branch, including the Medical Services Plan (MSP), medical education and medical remuneration.

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Highlights

Medical Services Plan

- The Medical Services Plan (MSP) provides coverage to Saskatchewan residents for a wide range of physician, chiropractor, optometrist and a limited range of dental services. The Plan also provides funding to support clinical services provided by residents and faculty at the College of Medicine, as well as a range of recruitment and retention initiatives managed by the Saskatchewan Medical Association (SMA). Payments by the Plan under its program areas totaled $567.8 million in 2006-07 (see page 5), an increase of $33.8 million or 6.3 per cent over 2005-06.

- The Branch supports educational activities at the College of Medicine through the Clinical Services Fund. With funding of $27.1 million in 2006-07 (see page 5), the Clinical Services Fund covers the following areas:
  - academic and clinical services provided by faculty;
  - undergraduate, post-graduate and continuing medical education; and
  - 221 post-graduate medical resident positions (see Table 33).

- MSP, through its Professional Review Committees, recovered $314,500 in fee-for-service payments from 22 practitioners who were found to have incorrectly charged the Plan (Table 2).

- The number of claims received for processing in 2006-07 totaled 9.1 million, a decrease of 0.6 per cent from 2005-06 (Table 3).

- Benefits paid for insured services - provided by physicians, optometrists, chiropractors, and dentists - amounted to $440.3 million, an increase of 4.8 per cent on a per capita basis (Table 8). Total expenditures (000's) by program area:

	2005-06	2006-07	Per Capita Change
Physicians	$411,213	$423,269	2.93%
Optometrists	$4,369	$4,755	8.83%
Chiropractors	$10,419	$10,780	3.47%
Dentists	$1,559	$1,538	-1.38%

(see status of current agreements on page 58)

- Payments for out-of-province physician services totaled $24.9 million (Table 11) up 17.4 per cent. Out-of-province hospital payments totaled $51.9 million (Table 13a) up 7.6 per cent. Physician fee and hospital per diem rate increases contributed to these increased costs, in addition to the severity of cases referred out-of-province (such as stem cell transplants).

- Services outside Canada for patients with prior approval:

	2005-06	2006-07
Patients	29	42
Practitioner Costs	$470,200	$440,000
Hospital Costs	$2,769,700	$2,690,400
Total Costs	$3,239,900	$3,130,400

(Note that the number of patients receiving services in a year may not equal the number approved during the year. Reasons include patients not going or not receiving treatment in the same year or patients requiring on-going care over two or more years.)

- The number of active physicians (with their own MSP billing number) in Saskatchewan increased at year end to 1,307 from 1,301 in 2005-06. Metro (Regina and Saskatoon) general practitioners increased by two (to 386), other urban general practitioners remained unchanged (at 149), and rural general practitioners decreased by six (to 228); specialists increased by ten (to 544).

  Average payments to active physicians (Table 25):

General Practitioners	$234,600	up 0.2%
Specialists	$371,000	up 1.3%
All Physicians	$291,400	up 1.1%

  (see "Active" definition - page 12)

- Payments for the Specialist Emergency Coverage Program (SECP) and the Rural Emergency Coverage Programs totaled $20.8 million (Table 27).

- Expenditures for physician services provided through non-fee-for-service payment arrangements (medical remuneration and alternate payments) totaled $107.5 million (Table 28), an increase of 6.8 per cent.

- The per capita costs for physician services increased by 3.3 per cent to $410 from $397 in 2005-06 (Table 31).

Physician Remuneration

- In 2006-07, payments for fee-for-service in-province physicians, excluding the emergency coverage programs, totaled $369.3 million (see page 6), an increase of 3.3 per cent from 2005-06.

- Non-fee-for-service funding arrangements for physician services represent a large and rapidly growing area of provincial health expenditures. In 2006-07, this sector accounted for about $164.2 million, 28.0 per cent of Saskatchewan Health's total expenditures on in-province physician services. The majority of expenditures are in areas of medical services associated with Regional Health Authority (RHA) operations (radiology, laboratory and emergency services) (see page 6).

- The amount of new and continuing bursaries and grants increased from 118 to 126 in 2006-07 for a total commitment of $3.8 million (see page 6).

Medical Services Branch 2006-07 Expenditures

	Payments	Per Cent of Total
Medical Services Plan		
Total In-Province	$411,047,953	71.8
Physicians – Fee-for-Service[1]	375,002,058	65.5
Physicians – Non-FFS		
- Alternate Payments	8,652,833	1.5
- Northern Health, Student Health & Community Clinics[2]	12,447,358	2.2
- Physician Stabilization	0	0.0
Chiropractors	9,220,119	1.6
Optometrists	4,312,449	0.8
Dentists	1,413,136	0.2
Out-Of-Province (including Hospital)	83,074,409	14.5
Saskatchewan Medical Association Programs[3]	46,429,001	8.1
Medical Education System - Clinical Services Fund	27,133,566	4.7
Dental Residency Grant	99,000	0.0
Chiropractic Clinical Practice Grant	8,500	0.0
Administration	4,308,210	0.8
Total Expenditures	**$572,100,640**	**100.0**

[1] Includes Rural Emergency Coverage Program payments processed through the Claims System.
[2] These expenditures include payments to physicians only.
[3] Includes Specialist Emergency Coverage Program payments.

Notes:

1) There is a difference between MSP payments shown above and the total payments shown in the statistical tables. The difference is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries; adjustments for retroactive payments; the handling of claims for medical and optometric services provided in community clinics and alternate payment projects, which are included in the statistical tables as if paid on a fee-for-service basis; and, the handling of chiropractic and optometric Supplementary Health Program claims.

2) MSP Out-Of-Province payments include physician, chiropractic, optometric, dental and hospital services.

Expenditures for In-Province Physician Services and Programs, 2006-07

	Expenditures	Recipients of Bursaries & Grants: New	Recipients of Bursaries & Grants: Total[4]
Fee-For-Service (FFS)	$369,282,883		
Rural Emergency Coverage Programs[3]	$6,035,700		
Specialist Emergency Coverage Programs	$14,721,820		
Non-fee-for-service (Non-FFS)	$164,152,987		
Medical Remuneration	$82,937,583		
[1,2]Saskatchewan Cancer Agency	$10,930,724		
[1,2]Student Health Centre	$570,517		
[1,2]Community Clinics	$5,642,589		
Physician Stabilization	$0		
[1,2]Northern Health Contract Physicians	$6,234,252		
Alternate Payments - MSB Non-FFS	$8,458,095		
Alternate Payments - RHA Operating	$15,808,266		
[1,2]Alternate Payments - Primary Health Services Sites	$7,262,787		
Clinical Services Fund (College of Medicine)	$26,308,174		
Sub-Total: Payments for Physician Services (including FFS, Emergency Coverage Programs and Non-FFS)	**$554,193,389**		
SMA (excluding Emergency Coverage) and Bursary Programs	$32,390,392	50	126
Undergraduate Medical Bursaries	$152,500	0	10
Medical Residency Bursaries	$125,000	3	5
Physician Re-Entry Training Program[5]	$381,500	2	8
Rural Practice Enhancement Training[5]	$89,169	2	3
Rural Practice Establishment Grant	$184,000	7	20
Rural and Remote Incentives	$2,207,831		
Continuing Medical Education Program	$2,200,000		
Canadian Medical Protective Agency (CMPA) Funding	$5,150,000		
Practice Enhancement Program	$75,000		
Physician Retention Fund	$6,000,000		
Specialist Recruitment and Retention Bursaries and Programs	$2,000,000	29	64
New Initiatives	$12,300,000		
Parental Leave Program	$700,000		
Saskatchewan Health Re-entry Training[5]	$447,062	3	8
Supernumerary IMG Training Seats	$378,330	4	8
Grand Total: Expenditures (including SMA & Bursary Programs)	**$586,583,782**		
Continuing Bursaries from Previous Years		76	--

[1] Expenditures in these areas are managed by other Branches of Saskatchewan Health.

[2] These expenditures include payments to physicians only.

[3] Includes non-fee-for-service rural emergency coverage payments and payments for travel expenses when general practitioners provide weekend relief.

[4] The total includes new recipients in 2006-07 plus recipients of continuing bursaries from previous years.

[5] The amounts include retroactivity for the PAIRS agreement. Any retroactivity recipients who were no longer a bursary recipient in 2006-07 are excluded from the recipient counts.

Note: 1) Department funding for physician services may not equal expenditures by RHAs.

2) Portions of Department funding are unavailbale, such as compensation to radiologists providing CTs and MRIs.

Medical Services Plan Coverage Benefits

Eligibility for Benefits

MSP provides insurance coverage to Saskatchewan residents (beneficiaries) for a wide range of services provided by physicians, chiropractors, and optometrists, as well as a limited range of services provided by dentists.

All residents of Saskatchewan, with a few exceptions (members of the Canadian Armed Forces, RCMP, inmates of Federal Penitentiaries) are eligible to receive benefits, with the sole requirement being residency and registration with the Health Registration and Vital Statistics Branch. No premiums are levied.

Subject to the exclusions detailed later in this section, the following services are insured:

Physician Services

Medical Services - The diagnosis and treatment by a physician of all medical disabilities and conditions.

Surgical Services - Surgical procedures by a physician including diagnosis, pre- and post-operative care and the services of physician surgical assistants when required.

Maternity Services - Care during pregnancy, delivery, and after care in hospital by a physician.

Anaesthesia - The administration of anaesthesia by a physician including:

- anaesthesia for diagnostic, surgical and other procedures;
- obstetrical anaesthesia;
- anaesthesia for pain management; and
- all dental anaesthesia primarily for patients under 14 years.

Diagnostic Services

- x-ray services, including interpretations, provided by a specialist in radiology. Breast screening mammographies for women 50-69 years of age are available and funded through the provincial Screening Program for Breast Cancer; and
- other diagnostic services provided by a physician.

Laboratory Services

- any laboratory services, including interpretations, provided by specialists in pathology; and
- an approved list of laboratory services provided by a physician other than a pathologist.

Preventive Medical Services - Immunization services where not available through any government or municipal agency; examination and report for adoptions for both child and parents; examination and report for persons becoming foster parents; a routine physical examination by a physician but not including an examination for the purpose of insurance, employment, vehicle seatbelt exemptions or at the request of a third party.

Cancer Services - Services for the diagnosis and treatment of cancer, except when provided by physicians under contract with the Saskatchewan Cancer Agency.

Optometric Services

Coverage for routine eye examinations, partial examinations and tonometry (for persons 40 years of age and over) by optometrists is limited to the following four categories of persons:

- those under the age of 18;
- Supplementary Health Program beneficiaries;
- recipients of Family Health Benefits Program; and
- seniors (age 65+) receiving a Saskatchewan Income Plan supplement.

For eligible beneficiaries, the frequency of routine eye examinations to determine refractive error is limited to the following:

- for patients less than 18 years of age examinations are limited to one every 12 months (this coverage is provided by MSP);
- for patients 65 or older who qualify for one of the special programs listed above, examinations are limited to one every 12 months; and

- for patients aged 18 to 64 who qualify for coverage under one of the special programs listed above, examinations are limited to one every 24 months.

The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service for all Saskatchewan beneficiaries effective April 1, 2006.

Dental Services

Services in connection with maxillo-facial surgery required to treat a condition caused by an accident.

Certain services in connection with abnormalities of the mouth and surrounding structures.

Services for the orthodontic care of cleft palate upon referral to a dentist by a physician or another dentist.

Certain x-ray services when provided by a dentist who is a specialist in oral radiology.

Extraction of teeth medically required for the provision of:

- heart surgery,
- services for chronic renal disease, or
- services for total joint replacement by prosthesis

where the beneficiary was referred to a dentist by a specialist in the appropriate surgical field and where prior approval from MSP was received.

Chiropractic Services

Chiropractic visit and x-ray services are insured with no limits. Chiropractic visit services are insured through a co-payment system whereby MSP makes payment to chiropractors for each visit service provided. Chiropractors are also allowed to charge beneficiaries an additional amount beyond the amount of government payment. Supplementary Health Program beneficiaries, recipients of Family Health Benefits Program, and seniors (age 65+) receiving a Saskatchewan Income Plan supplement are fully insured for chiropractic services.

Out-of-Province Services

Most services insured in Saskatchewan are insured outside the province, but within Canada.

Physician Services:
Services provided by physicians in other provinces except Quebec are covered by a reciprocal billing arrangement. Saskatchewan beneficiaries are not normally billed for insured physician services provided in other provinces upon presentation of their Health Services Card except for certain services excluded from the reciprocal billing arrangement. In most cases, physicians bill the provincial health plan of the province in which the services are provided. The host plan then bills the home province of the patient for the services provided.

Cataract surgery, magnetic resonance imaging (MRI) and bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health.

Non-emergency services provided outside of Canada are only insured with prior approval from Saskatchewan Health.

Hospital Services:
Hospital services provided to Saskatchewan beneficiaries in other provinces are covered by a reciprocal billing agreement. The hospital bills the provincial health plan of the province in which services are provided. The host plan then bills the home province of the patient for the services provided.

Emergency hospital services for persons traveling outside Canada are covered on the following basis: up to $100 (Canadian) per day for in-patient services and up to $50 (Canadian) for an out-patient visit. Non-emergency hospital services provided outside Canada are covered only if prior approval has been obtained from Saskatchewan Health.

Cataract surgery, MRIs and bone densitometry provided outside of the province are only insured with prior approval from Saskatchewan Health, as noted above for physician services.

Exclusions

The following services are not insured by the Medical Services Plan:

- health services received under other public programs including: The Workers' Compensation Act, federal Department of Veteran Affairs, The Mental Health Act.
- traveling
- advice by telephone except when provided by physicians to physicians or allied health personnel
- surgery for cosmetic purposes
- any mental or physical examination for the purpose of employment, insurance, judicial proceedings, vehicle seatbelt exemptions or at the request of a third party
- autopsy
- ambulance services and other forms of transportation of patients
- services provided by special duty nurses
- services provided by chiropodists, podiatrists, naturopaths or osteopaths
- dentistry, except as described under Insured Services - Dental Services
- drugs and dressings
- appliances (e.g. eyeglasses, artificial limbs)
- routine eye examinations by physicians are limited in coverage to those beneficiaries who would be covered under the optometric program (see page 7)
- electrolysis
- dental anaesthesia provided in conjunction with an insured service where the patient is 14 years or over
- reversals of sterilization
- implantation of penile prosthesis
- thermal ablation of obviously benign skin lesions
- injection of asymptomatic varicose veins
- non-medically necessary circumcisions for newborns.

Methods of Payment

MSP makes payment for insured services by the following methods:

- fee-for-service billing by practitioners or professional corporations based on negotiated fee schedules;
- population-based funding, adjusted by age, gender and geographic area for general practitioner services provided to clients who primarily seek their health care from a single physician clinic; and
- salary, contractual or sessional payment arrangements funded through RHA Boards.

Alternate methods of compensating physicians for services are designed to:

- provide physicians with the flexibility to develop programs and deliver services that meet the needs of their patients, including initiatives such as health promotion and other educational activities; and
- encourage physicians to work as members of multi-disciplinary health teams without experiencing loss of income.

Funding levels for alternate payment projects are determined based on a number of factors including the population served, service need, and ongoing viability and sustainability of the services.

Alternate payment arrangements for general practitioner services are closely linked with the Department's Primary Health Services initiative. Physicians and RHAs considering alternate payment arrangements are encouraged to explore the opportunities and benefits of this approach in the delivery of health services.

A global system of payment for the operation of four community clinics is provided by the Primary Health Services Branch.

Practitioners may choose to practice entirely outside MSP, in which case the services provided by that practitioner are uninsured.

Professional Review

Joint Professional Review Committees have been formed with the various professional associations and licensing bodies to evaluate the billing and practice patterns of practitioners. These Committees are empowered to order the recovery of payments made to practitioners (see Table 2).

Statistical Figures and Tables

Introductory Notes

General - The following tables are based upon MSP payments made during 2006-07 on a fee-for-service basis for medical, optometric, chiropractic and dental services provided to Saskatchewan beneficiaries. Any work stoppages in the health care system may affect utilization and earnings data presented in this report.

A global system of payment for medical and optometric services is used for four community clinics in the province; however, services are recorded on the same basis as fee-for-service items (shadow billing). Many alternate payment projects, including primary health care projects, have their services recorded on the same basis as fee-for-service items (shadow billing). For statistical purposes all shadow-billing data, including primary health care projects managed by Primary Health Services Branch, is reported in this document.

Most tables include data, where noted, on services provided to Saskatchewan residents by practitioners outside the province. Tables 12, 14a and 14b are the only tables that present Saskatchewan physician and hospital data for services provided to out-of-province beneficiaries. Tables 13a, 13b, 14a and 14b are the only tables that show data related to the hospital reciprocal billing system.

The statistical tables exclude data on services paid by MSP to physicians and optometrists on behalf of Saskatchewan Government Insurance. The tables also exclude payments made through the Specialist Emergency Coverage Program with the exception of Table 27.

Data Limitations – Numbers of certain services or service groupings may differ from year to year as a result of bundling/unbundling or restructuring fee codes through Payment Schedule changes. Beginning in 2004-05 time of day, age and paediatric premiums are no longer counted as individual services. The level of compliance with shadow billing for other than fee-for-service methods of payment can impact the data presented in this report.

Date of Payment - Statistics are based upon the date a service was paid, as opposed to the date the service was provided. Statistics for the fiscal year 2006-07 include some services provided in 2005-06.

Payment Adjustments - The difference between MSP payments shown in the Statement of Expenditures, page 5, and the total payments shown in the statistical tables is due to accounting adjustments (e.g. accrual accounting; the handling of payments to and from other provinces for claims processed under the reciprocal billing arrangement); certain recoveries, adjustments for retroactive payments; the handling of medical and optometric services provided in community clinics and funded on a global basis through the Primary Health Services Branch; the handling of claims for medical services provided in alternate payment projects; and the payment for medical services through other non-fee-for-service remuneration arrangements. Statistical tables have not been adjusted for recoveries resulting from professional review activities (see Table 2).

Payments to Locum Tenens - Where a physician acts as the principal for a locum tenens physician who is not fully registered by the College of Physicians and Surgeons, payments for services provided by the locum are made to the principal, unless the locum is granted a conditional, provisional or long-term locum license by the College.

Retroactive Payments - From time to time, MSP is required to make payments retroactively to practitioners, pursuant to agreements with the respective professional associations. The data excludes any lump sum payments made to the SMA in lieu of delayed implementation of Payment Schedule amendments. Lump sum retroactive payments to optometrists in 2005-06 and to chiropractors in 2006-07 are included. Lump sum retroactive payments to physicians in 2006-07 are included (or excluded) in tables as footnoted. Any such payments, whether included or excluded from the data tables, are always included in the Expenditure tables on pages 5 and 6.

Chiropractic and Optometric Services under Supplementary Health - Changes to the chiropractic and optometric programs in 1992 resulted in a shift in payment responsibility for some services to the Supplementary Health Program. For statistical purposes, however, combined chiropractic and optometric data for services paid under both MSP and the Supplementary Health Program is reported in this document.

Definitions of Service Groupings (Tables 7 to 10 and 15)

Service groupings are based on CIHI's (Canadian Institute for Health Information) national grouping system categories.

(a) **Consultations** - a consultation is the referral of a patient by one physician to another for examination, diagnosis, and a written report. The patient may return to the referring physician for treatment or receive treatment from the consultant.

(b) **Major Assessments** - a major (complete or initial) assessment comprises a full history review, an examination of all parts or systems, a complete record and advice to the patient, and may include a detailed examination of one or more parts or systems. A major assessment may be provided to new or former patients. Eye examinations by physicians are included here.

(c) **Other Assessments** - Other assessments are visits which comprise history review, history of the presenting complaint, and an examination of the affected parts, regions or systems. Follow-up assessments, well-baby care provided in the office, visits to special care homes and continuous personal attendance are included in this classification.

(d) **Psychotherapy/Counseling** - Includes treatment interview, group therapy, and counseling (including healthy lifestyle/health education counseling).

(e) **Hospital Care** - Physician services provided in a hospital on a visit per day basis including newborn care in hospital and including attendant and supportive care. Hospital visits covered by a composite payment such as hospital care following surgery are not included.

(f) **Special Calls and Emergency** - Includes surcharge payments made in association with visits or other services provided by physicians when specially called to attend a patient on a priority basis; follow-up house calls not specially called; special calls for additional patients seen; and any non-system-generated out-of-hours premiums.

(g) **Major Surgery** - All 42-day surgical procedures excluding those falling in the Obstetrics classification. The "day" classification refers to the number of days of post-operative care included in the procedural fee.

(h) **Minor Surgery** - All 0 and 10-day surgical procedures excluding those falling in the Obstetrics classification.

(i) **Surgical Assistance** - Services of physicians as required to assist the surgeon at an operation. Includes assistant standby.

(j) **Obstetrics** - Includes hospital stay, abortions, caesarian sections, but excludes gynaecological surgery, and pre- and post-natal visits. Fetal monitoring and transfusions are included here.

(k) **Anaesthesia** - All anaesthetic procedures, pain management and pain clinic services are included in this category (see page 7).

(l) **Diagnostic Radiology** - All out-of-hospital technical procedures and interpretations by specialists in radiology.

(m) **Laboratory Services** - All common office laboratory services provided by a physician other than a pathologist.

(n) **Other Diagnostic and Therapeutic Procedures** - All types of diagnostic procedures, allergy tests, ultrasound, professional interpretations of procedures, biopsies, therapeutic procedures, injections, Papanicolau smears, and resuscitation and intensive care.

(o) **Special and Miscellaneous Services** - Examinations for adoptions, for rape victims, for follow-up Cancer report; examinations and certifications of mental ill health; immunizations where not elsewhere available; intralesional injections; rural emergency coverage payments; advice to physicians or allied health personnel via telecommunications; and any other services not elsewhere classified.

(p) **Services by Optometrists** - Includes eye examinations to determine the refractive state of the eye, partial examinations, tonometry testing and assessments of ocular urgencies and emergencies when provided by an optometrist.

(q) **Services by Chiropractors** - Includes visit services and x-ray services provided by chiropractors.

(r) **Dental Services** - Includes certain insured services provided by dentists, i.e. oral surgery, or orthodontic services for care of cleft palate, and the extraction of teeth necessary to be performed before the provision of certain surgical procedures.

Categories of Practitioners (Tables 15, 18 to 26, 31, 32 and 34)

I. Physicians

(a) **General Practitioner** - A physician registered with the College of Physicians and Surgeons of Saskatchewan whose name does not appear on the specialist listing mentioned in (b) below. Includes physicians who while not Canadian or foreign certified specialists, limit their practice to specific specialty areas.

(i) **Metro** - A general practitioner who practises in Regina or Saskatoon.

(ii) **Urban** - A general practitioner who practises in a locality having 10,000 or more residents other than in Regina or Saskatoon.

(iii) **Rural** - A general practitioner who practises in a locality having fewer than 10,000 residents.

(iv) **Association** - A general practitioner who maintains patients' medical records with one or more other physicians.

(v) **Solo** - A general practitioner who is not working in association with another physician.

(b) **Specialist** - A Canadian certified physician listed by the College of Physicians and Surgeons of Saskatchewan as eligible to receive MSP payments at specialist rates. As of April 1, 2001, a foreign certified physician listed by the College of Physicians and Surgeons was eligible to receive MSP payments at foreign certified specialist (FCS) rates (visits at designated FCS rates and procedures at general practitioner rates). As of April 1, 2004, a foreign certified physician was eligible to receive MSP payments at specialist rates for both visits and procedures. If a physician becomes a certified specialist during the year, only those services provided after certification are included with specialist services.

Note: Physiatrists are included with Internists, Medical Geneticists with Paediatricians, and Pathologists with Diagnostic Radiologists.

II. Optometrist - A practitioner registered by the Saskatchewan Association of Optometrists.

III. Chiropractor - A practitioner registered by the Chiropractors' Association of Saskatchewan.

Note: Definition of Active Physician - Physicians receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year. General Practitioners are categorized in the group in which they earned the most income if they practised in various clinics or locations throughout the year.

Figure 1
Index of Persons Covered by the Plan, Physicians, Services Per Patient, and Persons Receiving Services 2001-02 to 2006-07

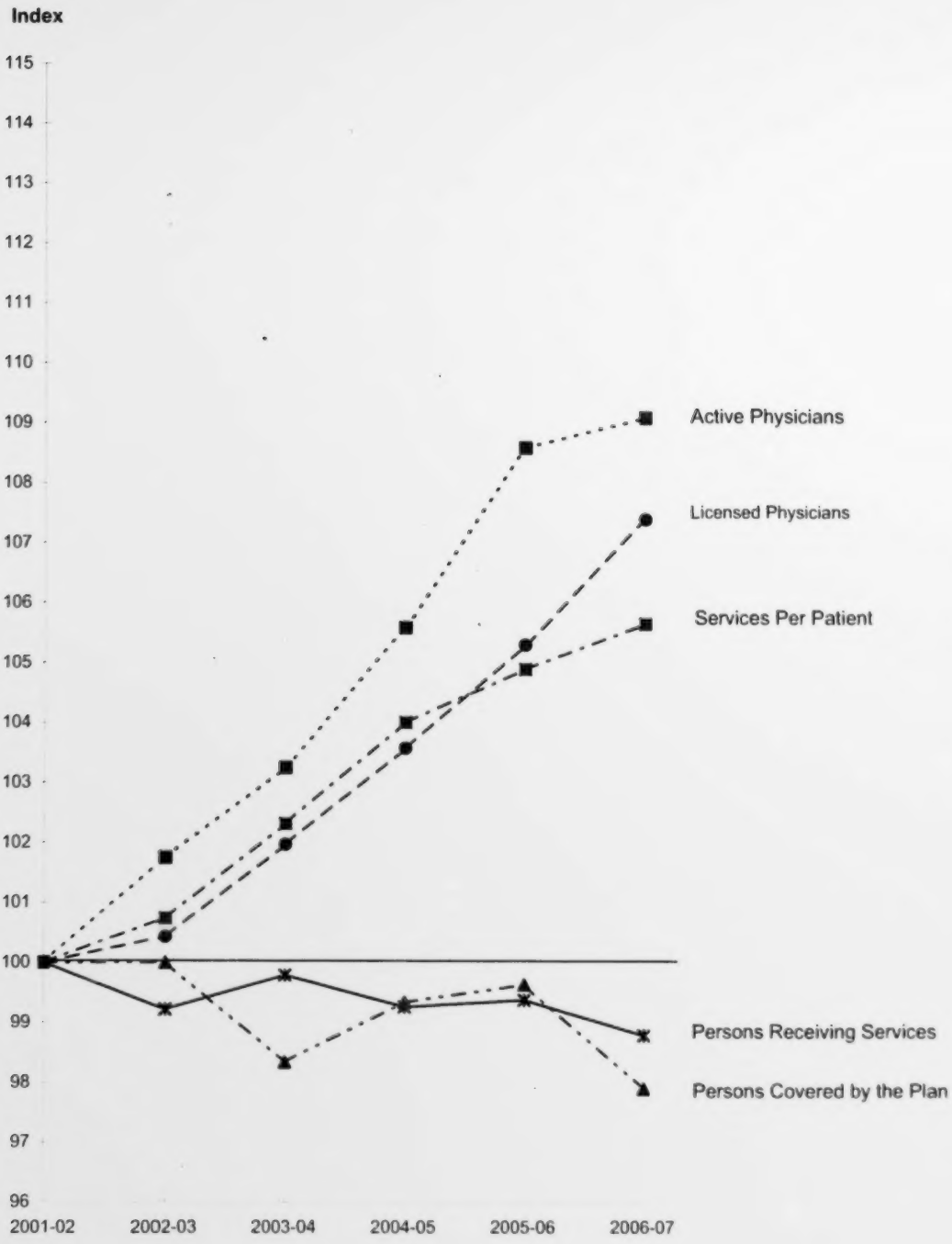


Figure 2
Index of Services Per 1,000 Beneficiaries for Selected Types of In-Province Physician Services 2001-02 to 2006-07

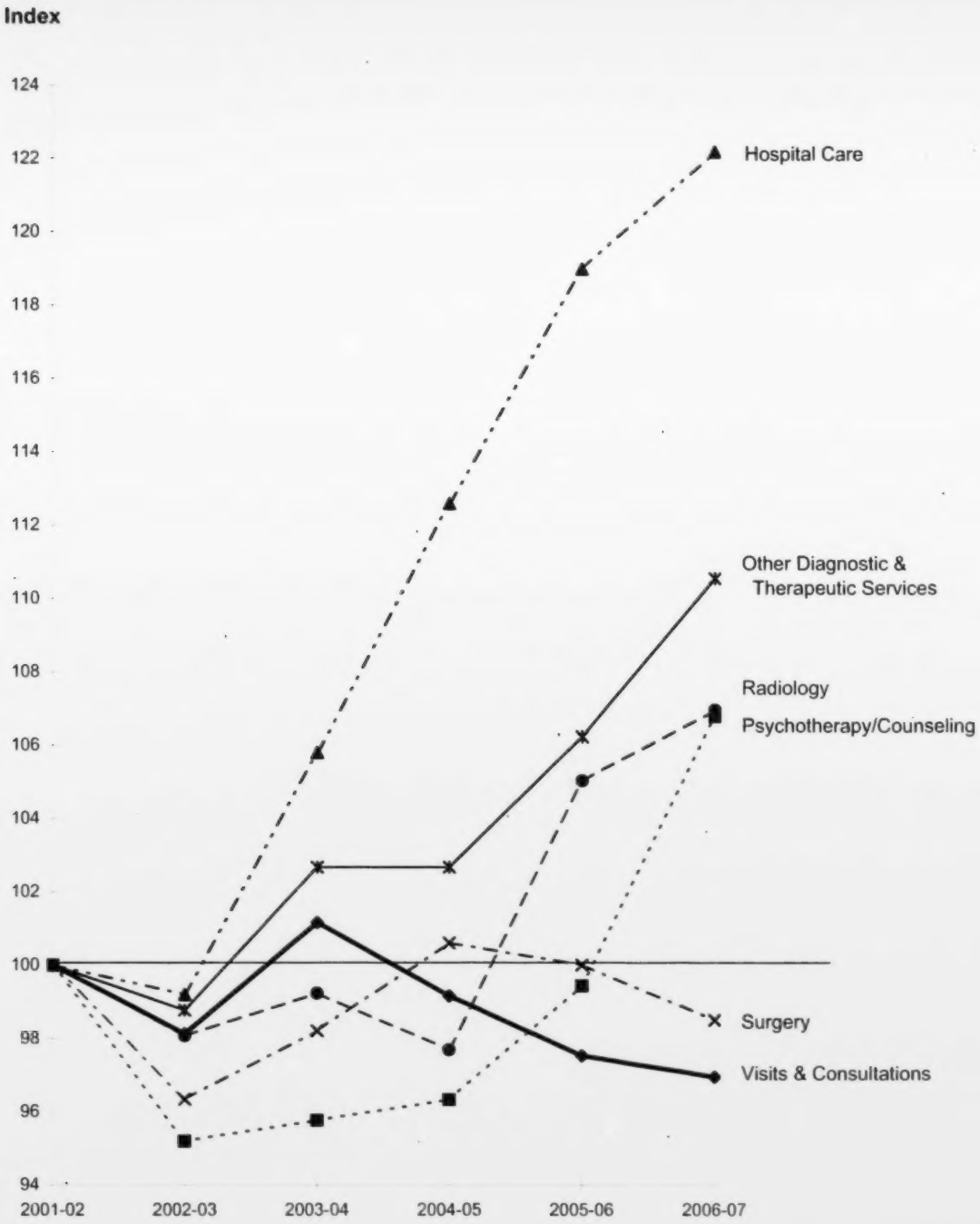


Figure 3
Per Capita Payments for Insured Services by Age and Sex of Beneficiary

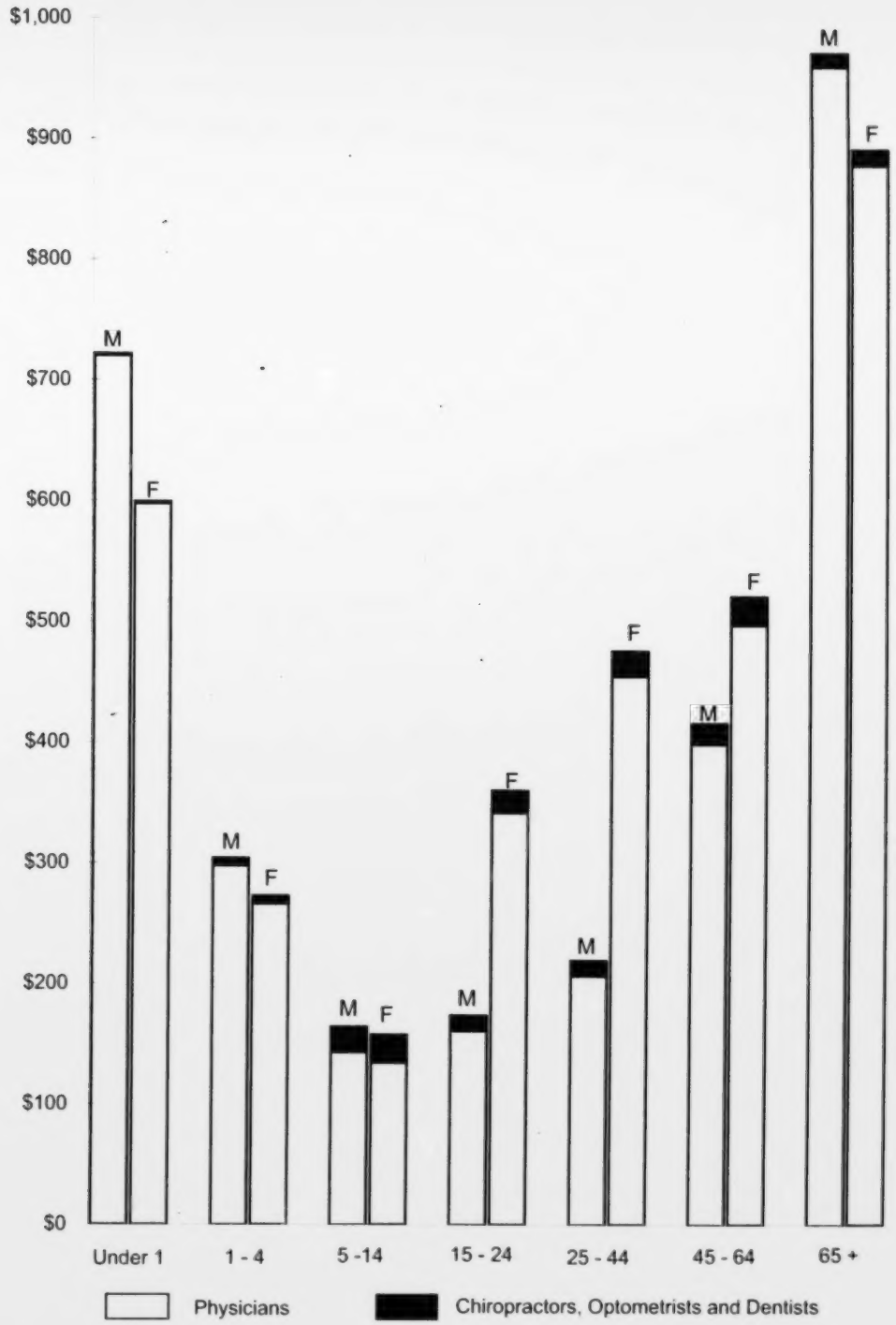
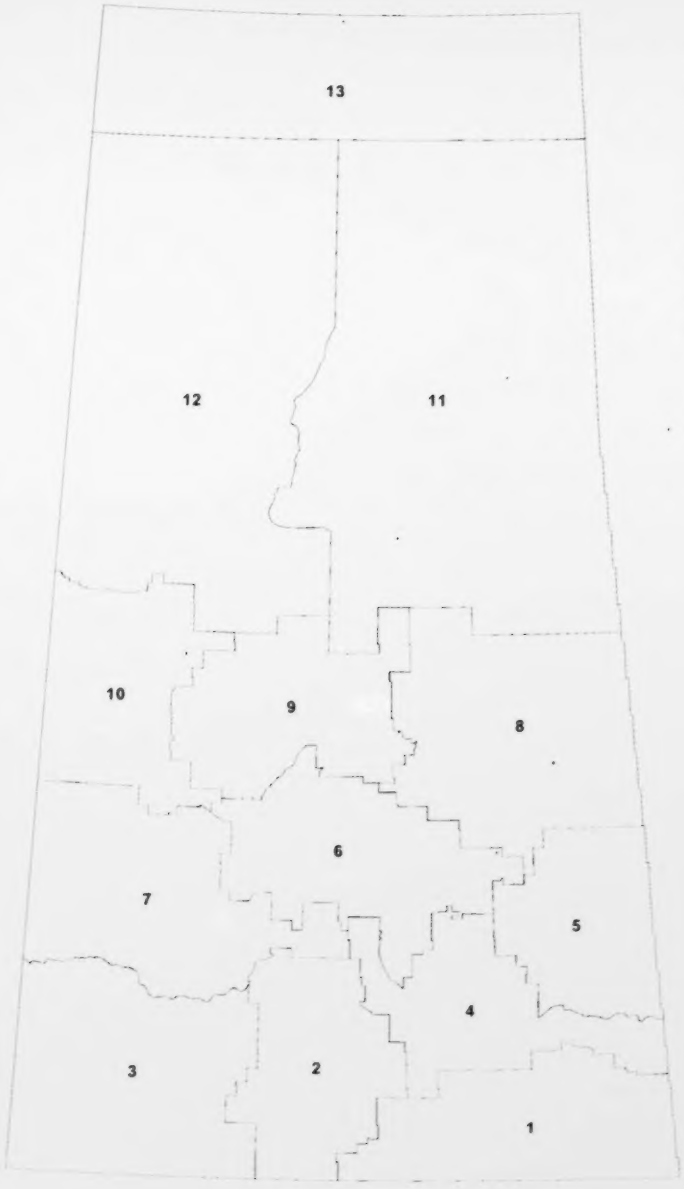


Figure 4
Map of Regional Health Authorities



1. Sun Country
2. Five Hills
3. Cypress
4. Regina Qu'Appelle
5. Sunrise
6. Saskatoon
7. Heartland
8. Kelsey Trail
9. Prince Albert Parkland
10. Prairie North
11. Mamawetan Churchill River
12. Keewatin Yatthé
13. Athabasca Health Authority

Table 1
Analysis of Per Cent Change in Per Capita Costs

Year	Gross Payments for Insured Services[1] (000's)	Total Per Cent Change In Per Capita Costs[2]	Per Cent Change Due to Fee Schedule Increases[4]	Per Cent Change Due to Utilization Increases[5]
2002-03[3]	342,007	5.17	5.42	-0.24
2003-04[3]	360,255	7.14	4.36	2.66
2004-05	399,491	9.77	10.02	-0.23
2005-06[3]	427,561	6.70	6.66	0.04
2006-07[3]	440,342	4.84	1.56	3.23
Average Annual Per Cent Change 2002-03 to 2006-07	6.56	7.11	5.65	1.43

[1] All physician, chiropractic, optometric and dental insured services are included. Lump sum payments made to the SMA for distribution to physicians in lieu of retroactive amendments to the Payment Schedule are excluded. Includes payments for rural emergency coverage but excludes payments for specialist emergency coverage.

[2] Current year cost per capita figures have been adjusted for claims inventory, program coverage and covered population to allow for comparison to the previous year. The total per cent change in per capita costs is equal to the per cent change due to fee increases multiplied by the per cent change due to utilization increases.

[3] Payments in 2002-03 and 2003-04 exclude lump sum payments made to dentists and dental surgeons in lieu of retroactive amendments to the Payment Schedule. 2005-06 includes lump sum retroactive payments made to optometrists. 2006-07 includes lump sum retroactive payments made to physicians and chiropractors.

[4] Fee schedule increases are based on theoretical values of fee and new items increases.

[5] The change in utilization may be affected by changes in data capture for physicians participating in non-fee-for-service arrangements.

Table 2
Adjustments and Recoveries by the Medical Services Plan

	2005-06		2006-07	
	Number of Practitioners	Adjustment or Recovery (000's)	Number of Practitioners	Adjustment or Recovery (000's)
Routine Assessment on In-Province Claims[1]	2,020	$4,963.8	2,048	$5,238.0
Routine Assessment on Out-of-Province Claims[1]	--	1,128.5	--	1,011.8
Special MSP Studies and Professional Review Activity[2]	18	416.9	22	314.5
Third Party Liability Recoveries	--	2,251.5	--	2,974.8
Total	--	**$8,760.6**	--	**$9,539.0**

[1] The dollar adjustments represent the difference between the amount on claims submitted and the amount assessed, including adjustments resulting from verification programs. The In-Province number is net of time of day, paediatric and age premiums, which are system generated, and the patient's co-payment portion on chiropractor claims.

[2] The dollar amounts are recoveries resulting from the correction of payments as revealed by special studies by MSP and Professional Review Committees.

Table 3
Claims Received by Method of Billing

Claims Received from:	Number of Claims Received 2005-06	Number of Claims Received 2006-07	Per Cent of Claims Received 2005-06	Per Cent of Claims Received 2006-07
Physicians	**8,220,812**	**8,114,466**	**89.81**	**89.15**
In-Province Claim Forms[1,4]	35,037	31,662	0.38	0.35
In-Province Direct Input[1,4]	7,873,679	7,807,795	86.02	85.78
Out-of-Province Reciprocal Billing[2]	309,898	273,032	3.39	3.00
Other Out-of-Province	2,198	1,977	0.02	0.02
Optometrists[3]	**109,576**	**123,108**	**1.20**	**1.35**
In-Province Claim Forms[4]	53,507	52,046	0.58	0.57
In-Province Direct Input[4]	53,499	68,545	0.58	0.75
Out-of-Province	2,570	2,517	0.03	0.03
Chiropractors[3]	**814,791**	**855,947**	**8.90**	**9.40**
In-Province Claim Forms	8,286	5,709	0.09	0.06
In-Province Direct Input	800,898	844,100	8.75	9.27
Out-of-Province	5,607	6,138	0.06	0.07
Beneficiaries	**8,150**	**8,128**	**0.09**	**0.09**
In-Province	610	557	0.01	0.01
Out-of-Province	7,540	7,571	0.08	0.08
Total	**9,153,329**	**9,101,649**	**100.00**	**100.00**

[1] Includes claims for services provided to beneficiaries of other provinces through reciprocal billing arrangements. Includes claims for insured dental services.

[2] Claims for services provided to Saskatchewan beneficiaries in other provinces through reciprocal billing arrangements.

[3] Includes claims for optometrist and chiropractor services covered by the Supplementary Health Program.

[4] Includes claims for SGI driver medicals and visual exams.

Table 4
Services and Payments by Age and Sex of Beneficiaries

Age Groups	Number of Beneficiaries as at June 30, 2006		Rate Per 1,000 Beneficiaries			
			Services		Payments	
	Male	Female	Male	Female	Male	Female
A. Physicians						
Under 1	6,069	5,783	16,510	14,092	719,975	597,740
1 - 4	24,454	23,322	8,031	7,344	297,556	265,861
5 - 14	67,809	64,928	4,648	4,570	143,139	134,624
15 - 24	78,280	74,798	4,764	10,115	160,788	341,671
25 - 44	130,048	129,582	5,929	12,573	206,698	455,079
45 - 64	126,373	124,125	10,438	13,916	399,262	497,677
65 and over	64,341	83,319	24,182	23,987	961,195	879,384
All Beneficiaries	**497,374**	**505,857**	**9,310**	**13,168**	**348,067**	**472,690**
B. Optometrists						
Under 1	6,069	5,783	10	9	409	357
1 - 4	24,454	23,322	131	141	5,516	5,924
5 - 14	67,809	64,928	427	467	18,169	19,830
15 - 24	78,280	74,798	142	191	5,991	7,997
25 - 44	130,048	129,582	25	50	877	1,762
45 - 64	126,373	124,125	38	50	1,127	1,494
65 and over	64,341	83,319	36	60	1,106	1,789
All Beneficiaries	**497,374**	**505,857**	**108**	**130**	**4,355**	**5,117**
C. Chiropractors						
Under 1	6,069	5,783	82	75	1,195	1,153
1 - 4	24,454	23,322	62	67	927	1,004
5 - 14	67,809	64,928	162	157	2,323	2,265
15 - 24	78,280	74,798	353	565	4,518	7,319
25 - 44	130,048	129,582	854	1,375	10,723	17,884
45 - 64	126,373	124,125	1,168	1,631	14,372	20,008
65 and over	64,341	83,319	760	867	9,385	10,789
All Beneficiaries	**497,374**	**505,857**	**700**	**1,003**	**8,757**	**12,700**
D. Dentists						
Under 1	6,069	5,783	1	0	145	46
1 - 4	24,454	23,322	1	1	37	53
5 - 14	67,809	64,928	10	15	819	1,122
15 - 24	78,280	74,798	22	37	2,395	3,269
25 - 44	130,048	129,582	12	20	1,016	1,525
45 - 64	126,373	124,125	19	30	1,681	2,331
65 and over	64,341	83,319	12	13	929	1,000
All Beneficiaries	**497,374**	**505,857**	**14**	**22**	**1,305**	**1,758**

Notes: 1) Includes out-of-province services and costs.
2) Excludes lump sum retroactive payments made to physicians.
3) Excludes payments for specialist and rural emergency coverage programs.
4) Includes optometric and chiropractic services covered by the Supplementary Health Program.
5) Includes retroactive payment adjustments made to chiropractors.
6) See "Data Limitations" on page 10.

Table 5
Beneficiaries, Payments and Services by Dollar Value of Benefits

Dollar Value of Benefits	2005-06 Number of Beneficiaries	2005-06 % of Beneficiaries	2005-06 % of Payments	2005-06 % of Services	2006-07 Number of Beneficiaries	2006-07 % of Beneficiaries	2006-07 % of Payments	2006-07 % of Services
A. Physicians Only								
$ 0.00[1]	149,340	14.6	--	<0.1	136,650	13.6	--	<0.1
$ 0.01 - $ 25.00	10,538	1.0	0.0	0.1	6,507	0.6	0.0	0.1
$ 25.01 - $ 50.00	88,968	8.7	0.7	1.0	92,626	9.2	0.7	1.0
$ 50.01 - $ 100.00	144,597	14.2	2.5	3.5	143,414	14.3	2.5	3.4
$100.01 - $ 250.00	239,746	23.5	9.8	12.9	235,198	23.4	9.4	12.6
$250.01 - $ 500.00	172,250	16.9	15.1	18.3	171,059	17.1	14.8	17.9
$500.01 - $1,000.00	115,654	11.3	20.0	21.4	115,372	11.5	19.6	21.1
$1,000.01-$1,500.00	44,134	4.3	13.3	12.8	44,632	4.4	13.3	12.8
$1,500.01-$2,000.00	23,057	2.3	9.8	8.4	23,723	2.4	10.0	8.5
$2,000.01-$5,000.00	28,196	2.8	19.8	15.9	29,248	2.9	20.2	16.4
Over $5,000.00	4,600	0.5	9.1	5.7	4,802	0.5	9.6	6.2
Total	**1,021,080**	**100.0**	**100.0**	**100.0**	**1,003,231**	**100.0**	**100.0**	**100.0**
B. Optometrists Only								
$ 0.00[1]	923,268	90.4	--	<0.1	899,809	89.7	--	<0.1
$ 0.01 - $ 25.00	2,349	0.2	1.1	2.2	1,915	0.2	0.8	1.6
$ 25.01 - $ 50.00	85,317	8.4	84.8	78.6	88,519	8.8	80.7	74.2
Over $50.00	10,146	1.0	14.1	19.2	12,988	1.3	18.5	24.1
Total	**1,021,080**	**100.0**	**100.0**	**100.0**	**1,003,231**	**100.0**	**100.0**	**100.0**
C. Chiropractors Only								
$ 0.00[1]	904,691	88.6	--	0.1	883,896	88.1	--	0.1
$ 0.01 - $ 25.00	26,580	2.6	4.2	3.9	27,263	2.7	4.2	4.0
$ 25.01 - $ 50.00	31,450	3.1	11.0	11.0	28,292	2.8	9.3	9.2
$ 50.01 - $ 100.00	25,400	2.5	17.6	17.9	30,263	3.0	19.8	20.1
$100.01 - $ 250.00	25,316	2.5	37.1	38.3	25,561	2.5	36.5	37.6
$250.01 - $ 500.00	6,189	0.6	19.8	19.7	6,498	0.6	20.0	20.1
Over $500.00	1,454	0.1	10.4	9.1	1,458	0.1	10.2	8.9
Total	**1,021,080**	**100.0**	**100.0**	**100.0**	**1,003,231**	**100.0**	**100.0**	**100.0**

[1] The number of beneficiaries in this category is a residual, representing the difference between the number for whom a claim was paid at any time during the year and the total of beneficiaries at June 30 of the stated year.

Notes: 1) Includes out-of-province services and costs.
2) Excludes lump sum retroactive payments made to physicians in 2006-07.
3) Excludes payments for specialist and rural emergency coverage programs.
4) Includes optometric and chiropractic services covered by the Supplementary Health Program.
5) Includes retroactive payment adjustments made to optometrists in 2005-06 and to chiropractors in 2006-07.
6) See "Data Limitations" on page 10.

Table 6
Physician Services and Payments by Age and Sex (In- & Out-of-Province)

Age Groups	Sex	Population		Per Cent	Average Per Person Insured		Average Per Person Treated		Average Payment
		Insured[1]	Treated[2]	Treated	Services	Cost	Services	Cost	Per Service
Under 1	M	6,069	7,309	100.00	16.51	719.98	13.71	597.83	43.61
	F	5,783	6,861	100.00	14.09	597.74	11.88	503.82	42.42
	T	11,852	14,170	100.00	15.33	660.33	12.82	552.31	43.07
1 - 4	M	24,454	22,460	91.85	8.03	297.56	8.74	323.97	37.05
	F	23,322	21,347	91.53	7.34	265.86	8.02	290.46	36.20
	T	47,776	43,807	91.69	7.70	282.08	8.39	307.64	36.66
5 - 9	M	31,835	25,205	79.17	5.07	157.35	6.40	198.74	31.03
	F	30,624	24,273	79.26	4.78	144.74	6.04	182.61	30.25
	T	62,459	49,478	79.22	4.93	151.16	6.22	190.82	30.66
10 - 14	M	35,974	26,344	73.23	4.27	130.56	5.84	178.29	30.55
	F	34,304	25,309	73.78	4.38	125.60	5.94	170.24	28.68
	T	70,278	51,653	73.50	4.33	128.14	5.89	174.34	29.62
15 - 19	M	39,849	29,625	74.34	4.74	156.75	6.38	210.84	33.07
	F	37,867	32,606	86.11	8.18	265.02	9.50	307.78	32.38
	T	77,716	62,231	80.07	6.42	209.50	8.02	261.63	32.64
20 - 24	M	38,431	28 067	73.03	4.79	164.98	6.56	225.90	34.45
	F	36,931	35,027	94.84	12.10	420.26	12.75	443.11	34.75
	T	75,362	63,094	83.72	8.37	290.08	10.00	346.48	34.66
25 - 29	M	33,341	24,429	73.27	5.03	169.60	6.87	231.47	33.71
	F	32,181	30,549	94.93	14.16	526.05	14.92	554.15	37.14
	T	65,522	54,978	83.91	9.52	344.67	11.34	410.77	36.22
30 - 34	M	30,111	22,263	73.94	5.67	197.33	7.66	266.89	34.82
	F	29,863	27,556	92.27	13.64	509.08	14.78	551.70	37.33
	T	59,974	49,819	83.07	9.64	352.56	11.60	424.43	36.59
35 - 39	M	30,092	22,347	74.26	6.16	217.67	8.30	293.12	35.32
	F	30,373	27,037	89.02	11.70	415.84	13.15	467.15	35.54
	T	60,465	49,384	81.67	8.95	317.22	10.95	388.40	35.46
40 - 44	M	36,504	27,198	74.51	6.77	239.26	9.09	321.13	35.33
	F	37,165	32,306	86.93	11.05	382.30	12.72	439.80	34.58
	T	73,669	59,504	80.77	8.93	311.42	11.06	385.56	34.86
45 - 49	M	39,067	30,503	78.08	7.65	273.60	9.80	350.41	35.75
	F	38,522	34,652	89.95	12.15	422.47	13.50	469.65	34.78
	T	77,589	65,155	83.97	9.88	347.51	11.77	413.83	35.16
50 - 54	M	36,074	30,107	83.46	9.47	349.35	11.34	418.58	36.91
	F	34,914	32,522	93.15	13.38	470.47	14.36	505.08	35.16
	T	70,988	62,629	88.22	11.39	408.92	12.91	463.50	35.90
55 - 59	M	29,466	25,775	87.47	12.00	474.61	13.72	542.58	39.54
	F	28,923	26,977	93.27	14.53	527.86	15.58	565.94	36.33
	T	58,389	52,752	90.35	13.25	500.99	14.67	554.53	37.80
60 - 64	M	21,766	20,208	92.84	14.93	605.53	16.08	652.22	40.56
	F	21,766	21,281	97.77	17.09	634.31	17.48	648.76	37.11
	T	43,532	41,489	95.31	16.01	619.92	16.80	650.45	38.72
65 - 69	M	17,842	16,627	93.19	17.97	744.30	19.29	798.68	41.41
	F	18,944	18,180	95.97	18.69	714.15	19.48	744.16	38.20
	T	36,786	34,807	94.62	18.34	728.77	19.39	770.21	39.73
70 - 74	M	15,792	15,155	95.97	21.63	888.53	22.54	925.88	41.07
	F	17,460	16,854	96.53	21.31	817.30	22.08	846.69	38.35
	T	33,252	32,009	96.26	21.46	851.13	22.30	884.18	39.65
75 & Over	M	30,707	31,867	100.00	29.10	1124.59	28.04	1083.66	38.64
	F	46,915	48,260	100.00	27.12	969.21	26.36	942.20	35.74
	T	77,622	80,127	100.00	27.90	1030.68	27.03	998.46	36.94
Total all ages	**M**	**497,374**	**405,489**	**81.53**	**9.31**	**348.07**	**11.42**	**426.94**	**37.38**
	F	**505,857**	**461,597**	**91.25**	**13.17**	**470.43**	**14.43**	**515.53**	**35.72**
	T	**1,003,231**	**867,086**	**86.43**	**11.26**	**409.76**	**13.02**	**474.10**	**36.41**

[1] As at June 30, 2006.

[2] Population treated at anytime during the fiscal year.

Notes: 1) Excludes payments for specialist and rural emergency coverage programs and lump sum payments made to physicians.

2) See "Data Limitations" on page 10.

Table 7
Services by Type of Service

Type of Service[1]	Number of Services (000's) 2005-06	Number of Services (000's) 2006-07	Number of Services Per 1,000 Beneficiaries 2005-06	Number of Services Per 1,000 Beneficiaries 2006-07	Per Cent Change 2005-06 to 2006-07
In-Province Physician Services	**10,732.4**	**10,682.1**	**10,511**	**10,648**	**1.30**
Consultations	473.3	460.8	464	459	-0.92
Major Assessments	419.3	416.4	411	415	1.07
Other Assessments	4,430.4	4,321.8	4,339	4,308	-0.72
Psychotherapy/Counseling	359.1	378.9	352	378	7.40
	5,682.2	**5,577.9**	**5,565**	**5,560**	**-0.09**
Hospital Care	**609.1**	**614.2**	**596**	**612**	**2.63**
Special Calls and Emergency	**282.8**	**278.0**	**277**	**277**	**0.03**
Major Surgery	111.6	111.7	109	111	1.80
Minor Surgery	229.4	218.3	225	218	-3.17
Surgical Assistance	121.9	125.3	119	125	4.63
Obstetrics	22.9	22.9	22	23	1.85
Anaesthesia	583.7	596.1	572	594	3.93
	1,069.5	**1,074.2**	**1,047**	**1,071**	**2.22**
Diagnostic Radiology	277.9	277.5	272	277	1.63
Laboratory Services	438.9	410.5	430	409	-4.80
Other Diagnostic and Therapeutic Services	1,586.9	1,622.4	1,554	1,617	4.06
Special and Miscellaneous Services	785.1	827.5	769	825	7.28
	3,088.8	**3,137.9**	**3,025**	**3,128**	**3.40**
In-Province Dental Services	**18.5**	**18.2**	**18**	**18**	**0.09**
In-Province Optometric Services	**106.2**	**116.9**	**104**	**117**	**12.09**
Refractions by Optometrists	93.7	92.4	92	92	0.34
Other Optometric Services[2]	12.5	24.5	12	24	100.45
In-Province Chiropractic Services	**822.3**	**834.9**	**805**	**832**	**3.34**
Chiropractic Visit Services	821.7	834.6	805	832	3.38
Chiropractic X-Ray Services	0.6	0.3	1	0	-47.79
Out-of-Province Services					
Physician Services	548.6	609.8	537	608	13.14
Dental Services	0.1	0.1	--	--	--
Optometric Services	2.5	2.5	2	2	1.41
Chiropractic Services	21.2	20.6	21	21	-1.13
All Services	**12,251.7**	**12,285.2**	**11,999**	**12,246**	**2.06**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service effective April 1, 2006.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) See "Data Limitations" on page 10.

Table 8
Payments by Type of Service

Type of Service[1]	Dollar Payments (000's) 2005-06	Dollar Payments (000's) 2006-07	Dollar Payments Per 1,000 Beneficiaries 2005-06	Dollar Payments Per 1,000 Beneficiaries 2006-07	Per Cent Change 2005-06 to 2006-07
In-Province Physician Services	**390,054**	**398,387**	**382,001**	**397,104**	**3.95**
Consultations	43,544	42,849	42,645	42,711	0.15
Major Assessments	25,715	25,767	25,184	25,684	1.99
Other Assessments	132,240	130,004	129,510	129,586	0.06
Psychotherapy/Counseling	12,824	13,438	12,559	13,395	6.65
	214,322	**212,059**	**209,898**	**211,376**	**0.70**
Hospital Care	**13,266**	**13,481**	**12,992**	**13,438**	**3.43**
Special Calls and Emergency	**5,866**	**5,728**	**5,745**	**5,709**	**-0.62**
Major Surgery	37,442	37,699	36,669	37,577	2.48
Minor Surgery	5,879	5,997	5,758	5,978	3.83
Surgical Assistance	7,430	7,549	7,277	7,524	3.41
Obstetrics	7,410	7,558	7,257	7,534	3.81
Anaesthesia	22,365	23,180	21,904	23,106	5.49
	80,527	**81,983**	**78,864**	**81,719**	**3.62**
Diagnostic Radiology	11,353	11,378	11,119	11,342	2.01
Laboratory Services	1,700	1,592	1,665	1,587	-4.68
Other Diagnostic and Therapeutic Services	49,849	52,414	48,820	52,245	7.02
Special and Miscellaneous Services[2]	13,170	19,752	12,898	19,688	52.64
	76,072	**85,137**	**74,502**	**84,862**	**13.91**
In-Province Dental Services	**1,539**	**1,512**	**1,508**	**1,507**	**-0.04**
In-Province Optometric Services	**4,270**	**4,650**	**4,182**	**4,635**	**10.85**
Refractions by Optometrists	4,078	4,037	3,994	4,024	0.76
Other Optometric Services[3]	192	613	188	611	225.13
In-Province Chiropractic Services	**10,168**	**10,534**	**9,958**	**10,500**	**5.44**
Chiropractic Visit Services	10,148	10,523	9,939	10,489	5.54
Chiropractic X-Ray Services	20	11	19	11	-43.41
Out-of-Province Services					
Physician Services	21,159	24,882	20,723	24,802	19.68
Dental Services	20	26	20	26	32.28
Optometric Services	99	105	97	104	7.22
Chiropractic Services	251	246	246	245	-0.08
All Services	**427,561**	**440,342**	**418,734**	**438,924**	**4.82**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2006-07 but excludes payments for the specialist emergency coverage program.

[3] The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service effective April 1, 2006.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to optometrists in 2005-06 and to chiropractors in 2006-07.
3) Payments for services in the United States are not adjusted to reflect their value in Canadian funds.
4) See "Data Limitations" on page 10.

Table 9
Average Payment Per Service by Type of Service and Type of Practitioner

Type of Service[1]	2005-06 General Practitioners ($)	2005-06 Specialists ($)	2005-06 All Practitioners ($)	2006-07 General Practitioners ($)	2006-07 Specialists ($)	2006-07 All Practitioners ($)
In-Province Physician Services	**27.28**	**52.90**	**36.34**	**27.87**	**54.07**	**37.29**
Consultations	67.71	93.40	91.99	70.46	94.33	92.99
Major Assessments	60.18	64.89	61.32	60.45	66.40	61.88
Other Assessments	29.11	36.99	29.85	29.31	37.39	30.08
Psychotherapy/Counseling	30.17	49.72	35.71	30.51	49.04	35.46
	31.53	**64.54**	**37.72**	**31.79**	**64.84**	**38.02**
Hospital Care	**21.70**	**21.89**	**21.78**	**21.65**	**22.37**	**21.95**
Special Calls and Emergency	**20.44**	**21.36**	**20.74**	**20.31**	**21.22**	**20.61**
Major Surgery	210.02	340.91	335.39	212.74	342.86	337.63
Minor Surgery	18.54	46.96	25.63	18.68	57.46	27.48
Surgical Assistance	51.92	131.69	60.96	51.49	136.68	60.25
Obstetrics	353.62	305.93	324.15	358.85	312.84	330.36
Anaesthesia	32.73	39.09	38.31	33.82	39.56	38.89
	41.69	**92.67**	**75.29**	**42.23**	**93.82**	**76.32**
Diagnostic Radiology	0.00	40.85	40.85	0.00	41.01	41.01
Laboratory Services	3.75	6.12	3.87	3.79	5.67	3.88
Other Diagnostic and Therapeutic Services	11.15	37.11	31.41	11.13	38.13	32.31
Special and Miscellaneous Services[2]	8.37	12.45	9.08	8.39	12.27	9.15
	7.70	**35.30**	**22.67**	**7.79**	**35.80**	**23.25**
In-Province Dental Services	--	--	**83.16**	--	--	**83.06**
In-Province Optometric Services	--	--	**40.21**	--	--	**39.76**
Refractions by Optometrists	--	--	43.50	--	--	43.69
Other Optometric Services[3]	--	--	15.41	--	--	24.99
In-Province Chiropractic Services	--	--	**12.37**	--	--	**12.62**
Chiropractic Visit Services	--	--	12.35	--	--	12.61
Chiropractic X-Ray Services	--	--	34.28	--	--	37.16
Out-of-Province Services						
Physician Services	33.42	42.45	38.57	34.84	45.49	40.80
Dental Services	--	--	312.67	--	--	377.35
Optometric Services	--	--	40.24	--	--	42.54
Chiropractic Services	--	--	11.81	--	--	11.94
All Services	**27.48**	**52.11**	**34.90**	**28.14**	**53.37**	**35.84**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Excludes payments for specialist and rural emergency coverage programs and retroactive lump sum payments to physicians to avoid distortion.

[3] The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service effective April 1, 2006.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to optometrists in 2005-06 and to chiropractors in 2006-07.
3) See "Data Limitations" on page 10.

Table 10
Per Cent of Services and Payments by Type of Service

Type of Service[1]	Per Cent of Total Services		Per Cent of Total Payments	
	2005-06	2006-07	2005-06	2006-07
In-Province Physician Services	**87.60**	**86.95**	**91.23**	**90.47**
Consultations	3.86	3.75	10.18	9.73
Major Assessments	3.42	3.39	6.01	5.85
Other Assessments	36.16	35.18	30.93	29.52
Psychotherapy/Counselling	2.93	3.08	3.00	3.05
	46.38	**45.40**	**50.13**	**48.16**
Hospital Care	**4.97**	**5.00**	**3.10**	**3.06**
Special Calls and Emergency	**2.31**	**2.26**	**1.37**	**1.30**
Major Surgery	0.91	0.91	8.76	8.56
Minor Surgery	1.87	1.78	1.37	1.36
Surgical Assistance	0.99	1.02	1.74	1.71
Obstetrics	0.19	0.19	1.73	1.72
Anaesthesia	4.76	4.85	5.23	5.26
	8.73	**8.74**	**18.83**	**18.62**
Diagnostic Radiology	2.27	2.26	2.66	2.58
Laboratory Services	3.58	3.34	0.40	0.36
Other Diagnostic and Therapeutic Services	12.95	13.21	11.66	11.90
Special and Miscellaneous Services[2]	6.41	6.74	3.08	4.49
	25.21	**25.54**	**17.79**	**19.33**
In-Province Dental Services	**0.15**	**0.15**	**0.36**	**0.34**
In-Province Optometric Services	**0.87**	**0.95**	**1.00**	**1.06**
Refractions by Optometrists	0.77	0.75	0.95	0.92
Other Optometric Services[3]	0.10	0.20	0.04	0.14
In-Province Chiropractic Services	**6.71**	**6.80**	**2.38**	**2.39**
Chiropractic Visit Services	6.71	6.79	2.37	2.39
Chiropractic X-Ray Services	0.00	0.00	0.00	0.00
Out-of-Province Services				
Physician Services	4.48	4.96	4.95	5.65
Dental Services	0.00	0.00	0.00	0.01
Optometrist Services	0.02	0.02	0.02	0.02
Chiropractic Services	0.17	0.17	0.06	0.06
All Services	**100.00**	**100.00**	**100.00**	**100.00**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Includes payments for the rural emergency coverage program and lump sum retroactive payments to physicians in 2006-07 but excludes payments for the specialist emergency coverage program.

[3] The assessment of ocular urgencies and emergencies provided by an optometrist, for select diagnoses, became an insured service effective April 1, 2006.

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.
2) Includes retroactive payment adjustments to optometrists in 2005-06 and to chiropractors in 2006-07.
3) See "Data Limitations" on page 10.

Table 11
Payments ($000's) for Out-of-Province Services by Location and Type of Practitioner

Type of Practitioner	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
General Practitioners	**9,352.9**	**71.9**	**18.8**	**248.7**	**1,123.0**	**6,997.8**	**804.9**	**59.2**	**28.7**
Specialists									
Paediatricians and Medical Geneticists	833.2	1.4	2.3	15.0	35.8	757.4	19.1	2.0	0.1
Internists and Physiatrists	2,127.6	8.3	6.4	81.0	153.8	1,611.6	107.0	133.1	26.4
Neurologists	167.9	0.1	1.0	10.2	32.6	110.2	9.6	4.0	0.2
Psychiatrists	697.1	1.9	6.8	56.3	27.4	546.0	58.5	0.2	0.0
Dermatologists	148.0	10.8	0.7	5.2	1.9	122.5	5.2	1.6	0.1
Anaesthetists	2,120.8	4.4	12.0	81.7	93.3	1,779.2	107.2	42.1	0.9
General and Thoracic Surgeons	2,191.7	1.4	1.4	59.4	141.0	1,810.4	58.5	117.9	1.7
Orthopaedic Surgeons	782.8	1.9	9.4	18.8	100.0	578.8	52.1	20.4	1.4
Plastic and Reconstructive Surgeons	373.9	0.3	0.2	9.1	13.4	315.0	16.6	19.4	0.0
Neurological Surgeons	203.9	0.2	2.1	34.5	44.1	107.0	5.9	10.0	0.0
Obstetricians and Gynaecologists	1,046.0	2.9	2.2	24.5	35.8	935.6	33.1	11.7	0.3
Urological Surgeons	185.4	1.6	4.0	7.5	15.0	137.5	14.0	4.6	1.3
Ophthalmologists	549.9	1.3	0.1	17.7	45.8	415.7	36.2	33.1	0.1
Otolaryngologists	405.2	0.8	0.1	8.5	6.3	363.3	20.7	5.2	0.3
Pathologists	2,417.7	0.6	0.3	50.8	16.1	2,233.9	89.8	25.4	0.8
Diagnostic Radiologists	1,328.3	2.4	0.4	34.4	85.6	1,031.7	33.2	140.1	0.5
All Physicians	**24,932.2**	**112.2**	**68.0**	**763.3**	**1,970.9**	**19,853.5**	**1,471.6**	**629.9**	**62.8**
Dentists	26.4	0.0	0.0	0.0	6.9	18.6	0.0	0.9	0.0
Optometrists	104.6	0.1	0.0	0.0	17.1	87.0	0.2	0.2	0.0
Chiropractors	246.3	0.1	0.0	2.1	88.5	148.4	4.7	2.1	0.4

Notes: 1) Includes optometric and chiropractic services covered by the Supplementary Health Program.

2) Saskatchewan reimburses the other provinces or territories, except Quebec, for physician services according to the physician Payment Schedule rates of the other provinces or territories. See "Out-of-Province Services" on page 8.

3) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 12
Payments ($000's) to Saskatchewan Physicians for Services Provided to Beneficiaries of Other Provinces or Territories

Type of Practitioner	All Locations	Home Province or Territory of Beneficiary: Newfoundland	PEI	Nova Scotia	New Brunswick	Ontario	Manitoba	Alberta	British Columbia	NWT	Yukon	Nunavut
General Practitioners	**3,154.4**	**33.1**	**6.5**	**43.3**	**29.7**	**292.7**	**921.8**	**1,269.3**	**508.7**	**26.6**	**12.1**	**10.6**
Specialists												
Paediatricians and Medical Geneticists	172.4	0.8	0.0	1.2	2.0	13.9	56.2	65.7	24.1	1.2	0.5	6.8
Internists and Physiatrists	441.8	2.1	0.2	2.2	2.0	51.7	154.9	145.2	75.8	1.5	0.9	5.3
Neurologists	32.3	0.4	0.3	0.1	0.0	2.4	9.6	14.6	4.5	0.1	0.1	0.3
Cardiologists	168.1	1.7	0.1	0.5	0.0	14.6	59.0	55.4	36.1	0.0	0.3	0.5
Psychiatrists	94.3	0.1	0.2	0.0	3.3	11.0	13.0	38.3	22.4	3.8	1.1	0.9
Dermatologists	12.5	0.1	0.0	0.1	0.1	1.2	6.5	2.9	1.5	0.0	0.0	0.1
Anaesthetists	411.6	3.8	0.3	1.2	1.3	25.4	149.9	156.8	58.0	2.0	2.4	10.5
General Surgeons	512.1	3.3	0.0	2.4	2.8	33.2	193.3	228.0	39.8	2.7	2.7	3.8
Cardiac Surgeons	89.4	4.3	0.0	0.0	0.0	2.6	48.2	9.7	24.6	0.0	0.0	0.0
Orthopaedic Surgeons	205.0	0.2	0.1	0.7	3.0	10.0	69.2	87.1	34.2	0.4	0.1	0.1
Plastic and Reconstructive Surgeons	52.5	0.0	1.0	0.2	1.1	5.0	16.5	23.3	5.0	0.4	0.1	0.0
Neurological Surgeons	73.8	0.2	0.0	0.0	0.0	5.7	22.3	24.6	12.2	0.1	0.2	8.5
Obstetricians and Gynaecologists	447.7	1.8	0.0	2.5	1.2	15.1	288.6	108.6	21.3	4.3	0.5	3.7
Urological Surgeons	71.5	1.6	0.0	0.6	0.1	1.9	27.4	29.6	9.2	0.3	0.0	0.9
Ophthalmologists	545.7	0.4	0.1	0.8	0.9	6.3	478.9	37.1	18.9	1.5	0.4	0.4
Otolaryngologists	168.4	1.0	0.0	0.9	0.3	5.0	57.3	96.8	5.6	0.7	0.1	0.7
Pathologists	305.7	2.1	1.2	3.4	3.5	43.4	55.4	125.6	61.1	4.1	3.2	2.6
Diagnostic Radiologists	472.3	2.3	1.2	2.8	2.3	29.0	70.4	320.7	36.9	1.9	1.9	3.0
All Physicians	**7,431.5**	**59.1**	**11.1**	**63.0**	**53.7**	**570.1**	**2,698.4**	**2,839.3**	**1,000.0**	**51.7**	**26.6**	**58.7**

Notes: 1) Quebec is the only province that does not participate in a reciprocal billing agreement between provinces. See "Out-of-Province Services" on page 8.

2) Saskatchewan is reimbursed by the other provinces or territories at Saskatchewan physician Payment Schedule rates.

Table 13a
Payments ($000's) for Out-of-Province Hospital Services
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment – High Cost Procedures									
Intermediate/Complex Cardiovascular Paediatric	**2,249.8**	0.0	0.0	0.0	0.0	2,249.8	0.0	0.0	0.0
Special Out-of-Country	**1,729.2**	0.0	0.0	0.0	0.0	0.0	0.0	1,729.2	0.0
Cardiac Surgery with or without Valve Replacement	**1,577.4**	19.8	7.0	132.0	23.5	1,352.7	42.4	0.0	0.0
Lung Transplant	**1,349.4**	0.0	0.0	0.0	0.0	1,349.4	0.0	0.0	0.0
Bone Marrow/Stem Cell Transplant	**1,038.2**	0.0	0.0	0.0	455.6	582.6	0.0	0.0	0.0
Heart or Heart and Lung Transplant	**771.4**	0.0	0.0	0.0	0.0	771.4	0.0	0.0	0.0
Cardiac Catheterization with or without Stent(s)	**745.8**	0.0	0.0	0.0	0.0	663.6	82.2	0.0	0.0
Liver Transplant	**695.3**	0.0	0.0	120.0	0.0	575.2	0.0	0.0	0.0
Cochlear Implant	**681.0**	0.0	0.0	0.0	0.0	26.8	0.0	654.2	0.0
Defibrillator Pacemaker Implantation	**408.5**	0.0	0.0	19.0	0.0	389.5	0.0	0.0	0.0
Other Pacemaker Insertion or Replacement	**120.6**	0.0	0.0	3.5	0.0	117.1	0.0	0.0	0.0
Kidney or Kidney and Pancreas Transplant	**111.2**	0.0	0.0	0.0	24.7	86.5	0.0	0.0	0.0
Organ Procurement Transplant	**28.5**	0.0	0.0	0.0	0.0	28.5	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis									
I. Infectious & Parasitic Diseases	**592.9**	0.0	2.2	10.2	23.5	467.2	83.8	0.4	5.5
II. Neoplasms	**3,215.1**	1.3	61.0	321.2	271.8	2,313.6	244.5	0.6	1.0
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**545.2**	15.2	0.0	5.2	156.4	347.6	17.1	1.7	2.0
IV. Diseases of Blood & Blood-Forming Organs	**118.0**	0.0	3.3	6.3	11.9	94.5	0.0	0.5	1.6
V. Mental Disorders	**2,484.3**	35.5	69.2	134.2	296.5	1,719.1	228.8	0.0	1.0
VI. Diseases of Nervous System & Sense Organs	**811.0**	0.0	33.7	97.4	48.6	473.5	156.6	0.4	0.9
VII. Diseases of the Circulatory System	**2,927.9**	15.6	0.8	126.7	155.0	2,369.0	242.2	15.0	3.5
VIII. Diseases of the Respiratory System	**1,625.0**	10.2	19.6	87.7	117.7	1,287.1	90.9	7.6	4.2
IX. Diseases of the Digestive System	**1,854.3**	50.7	6.3	103.3	194.2	1,329.8	163.5	5.0	1.5
X. Diseases of the Genitourinary System	**921.9**	5.1	0.0	84.4	72.7	676.6	76.7	1.0	5.5
XI. Complications of Pregnancy, Childbirth & the Puerperium	**956.8**	23.9	4.4	16.0	188.4	660.5	62.1	0.9	0.6
XII. Diseases of the Skin & Subcutaneous Tissue	**270.6**	3.0	5.5	14.3	32.1	209.4	2.5	2.5	1.3
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**1,243.5**	0.8	24.8	32.6	187.6	917.4	78.6	1.8	0.0
XIV. Congenital Anomalies	**1,205.5**	0.0	12.7	34.4	24.2	1,132.9	1.3	0.0	0.0
XV. Certain Conditions Originating in the Perinatal Period	**521.2**	11.1	0.0	13.2	99.3	380.0	17.6	0.0	0.0
XVI. Symptoms, Signs, & Ill-defined Conditions	**973.7**	2.0	3.0	13.4	69.6	823.0	57.0	0.5	5.2
XVII. Injury and Poisoning	**4,817.1**	90.4	19.6	126.6	340.6	3,883.9	338.4	12.3	5.2
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**2,711.1**	6.9	13.1	35.7	506.8	1,761.7	386.2	0.7	0.0
Outpatient Treatment									
Standard Outpatient Visit	**6,605.8**	147.4	42.6	257.6	666.5	4,724.9	713.2	37.1	16.5
Day Care Surgery	**1,102.9**	1.9	2.2	53.8	288.1	696.9	58.8	1.1	0.1
Haemodialysis	**463.2**	1.4	0.0	2.4	32.5	393.5	30.5	0.6	2.3
Computerized Axial Tomography (CAT Scan)	**432.0**	3.1	3.5	17.5	52.8	299.1	56.0	0.0	0.0
Magnetic Resonance Imaging (MRI)	**346.0**	2.2	5.0	16.6	26.7	276.6	18.1	0.7	0.0
Positron Emission Tomography (PET Scan)	**122.6**	0.0	0.0	0.0	38.8	83.8	0.0	0.0	0.0
Radiotherapy Services	**301.5**	0.0	0.0	8.9	9.7	239.0	43.9	0.0	0.0
Cancer Chemotherapy Visit	**367.2**	0.0	0.0	7.5	16.8	300.5	42.3	0.0	0.0
Gamma Knife, ECMO or Brachytherapy	**1,152.9**	0.0	0.0	0.0	527.0	275.9	350.0	0.0	0.0
Special Out-of-Country	**961.2**	0.0	0.0	0.0	0.0	0.0	0.0	960.5	0.7
Other Outpatient Treatment	**737.7**	5.4	1.8	30.4	91.2	520.5	88.5	0.0	0.0
Total	**51,894.4**	**452.9**	**341.4**	**1,931.8**	**5,050.6**	**36,850.9**	**3,773.9**	**3,434.2**	**58.7**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

3) Although all Cochlear Implants are performed in Alberta, payment for the device itself is made to the United States.

4) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

5) Payments for services in the United States have been adjusted to reflect their value in Canadian funds.

Table 13b
Number of Out-of-Province Hospital Cases
By Location and Type of Care

	All Locations	Location of Services: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia	United States	Rest of the World
Inpatient Treatment -- High Cost Procedures -- Cases									
Intermediate/Complex Cardiovascular Paediatric	**49**	0	0	0	0	49	0	0	0
Special Out-of-Country	**13**	0	0	0	0	0	0	13	0
Cardiac Surgery with or without Valve Replacement	**72**	1	1	7	3	50	10	0	0
Lung Transplant	**9**	0	0	0	0	9	0	0	0
Bone Marrow/Stem Cell Transplant	**8**	0	0	0	3	5	0	0	0
Heart or Heart and Lung Transplant	**8**	0	0	0	0	8	0	0	0
Cardiac Catheterization with or without Stent(s)	**60**	0	0	0	0	47	13	0	0
Liver Transplant	**7**	0	0	1	0	6	0	0	0
Cochlear Implant	**12**	0	0	0	0	12	0	0	0
Defibrillator Pacemaker Implantation	**12**	0	0	1	0	11	0	0	0
Other Pacemaker Insertion or Replacement	**7**	0	0	1	0	6	0	0	0
Kidney or Kidney and Pancreas Transplant	**4**	0	0	0	1	3	0	0	0
Organ Procurement Transplant	**1**	0	0	0	0	1	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases									
I. Infectious & Parasitic Diseases	**82**	0	1	3	6	41	12	1	18
II. Neoplasms	**288**	1	2	25	23	217	17	2	1
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**103**	2	0	2	13	72	4	6	4
IV. Diseases of Blood & Blood-Forming Organs	**25**	0	1	2	2	16	0	1	3
V. Mental Disorders	**203**	4	4	14	22	129	28	0	2
VI. Diseases of Nervous System & Sense Organs	**134**	0	3	8	18	88	12	1	4
VII. Diseases of the Circulatory System	**458**	4	1	13	36	303	56	38	7
VIII. Diseases of the Respiratory System	**374**	2	2	13	35	271	17	17	17
IX. Diseases of the Digestive System	**415**	10	3	19	48	269	41	19	6
X. Diseases of the Genitourinary System	**208**	2	0	9	26	141	23	3	4
XI. Complications of Pregnancy, Childbirth & the Puerperium	**403**	5	2	12	75	282	22	3	2
XII. Diseases of the Skin & Subcutaneous Tissue	**52**	1	1	3	8	31	1	3	4
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**240**	1	6	6	43	167	11	6	0
XIV. Congenital Anomalies	**87**	0	3	7	3	73	1	0	0
XV. Certain Conditions Originating in the Perinatal Period	**72**	2	0	1	21	44	4	0	0
XVI. Symptoms, Signs, & Ill-defined Conditions	**258**	2	2	9	17	189	24	4	11
XVII. Injury and Poisoning	**531**	7	2	16	46	367	53	28	12
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**674**	6	7	8	83	545	23	2	0
Outpatient Treatment -- Services									
Standard Outpatient Visit	**42,786**	960	281	1,652	4,310	30,042	4,406	749	386
Day Care Surgery	**1,736**	4	4	84	446	1,095	91	11	1
Haemodialysis	**1,383**	4	0	7	103	1,125	87	11	46
Computerized Axial Tomography (CAT Scan)	**1,380**	10	11	60	170	953	176	0	0
Magnetic Resonance Imaging (MRI)	**491**	3	7	23	38	394	25	1	0
Positron Emission Tomography (PET Scan)	**96**	0	0	0	31	65	0	0	0
Radiotherapy Services	**1,188**	0	0	35	38	943	172	0	0
Cancer Chemotherapy Visit	**498**	1	0	10	23	406	58	0	0
Gamma Knife, ECMO or Brachytherapy	**82**	0	0	0	31	16	35	0	0
Special Out-of-Country	**249**	0	0	0	0	0	0	248	1
Other Outpatient Treatment	**4,156**	76	48	9	1,663	1,845	515	0	0
Total	**58,914**	**1,108**	**392**	**2,060**	**7,385**	**40,336**	**5,937**	**1,167**	**529**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Although all Cochlear Implants are performed in Alberta, the devices are purchased from the United States.

3) Data for hospitalizations in Flin Flon and Benito (Manitoba) are not included.

4) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 14a
Payments ($000's) for Out-of-Province Residents Hospitalized In Saskatchewan By Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures							
Cardiac Catheterization with or without Stent(s)	**556.8**	0.0	9.4	62.7	166.7	190.8	127.2
Cardiac Surgery with or without Valve Replacement	**409.9**	30.5	23.3	0.0	162.7	87.3	106.2
Pacemaker Insertion or Replacement	**43.3**	0.0	0.0	0.0	34.5	0.0	8.8
Bone Marrow/Stem Cell Transplant	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0
Kidney Transplant	**0.0**	0.0	0.0	0.0	0.0	0.0	0.0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis							
I. Infectious & Parasitic Diseases	**247.0**	0.0	1.6	18.3	112.4	100.5	14.2
II. Neoplasms	**828.8**	51.7	0.0	35.2	462.1	214.6	65.2
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**311.0**	20.6	3.5	19.1	140.2	35.3	92.4
IV. Diseases of Blood and Blood-Forming Organs	**47.8**	7.3	0.0	10.9	8.2	11.1	10.4
V. Mental Disorders	**1,852.1**	70.5	33.5	342.7	267.8	878.9	258.6
VI. Diseases of the Nervous System & Sense Organs	**233.2**	0.2	0.0	11.9	104.1	106.8	10.3
VII. Diseases of the Circulatory System	**1,431.3**	143.7	7.3	160.5	410.3	341.6	367.9
VIII. Diseases of the Respiratory System	**907.5**	34.0	9.0	67.9	243.5	385.0	168.1
IX. Diseases of the Digestive System	**1,206.0**	80.9	2.0	98.9	419.2	406.2	198.8
X. Diseases of the Genitourinary System	**405.4**	27.9	19.9	12.0	119.0	180.9	45.6
XI. Complications of Pregnancy, Childbirth & the Puerperium	**883.1**	75.6	7.9	33.0	355.3	284.3	127.1
XII. Diseases of the Skin and Subcutaneous Tissue	**169.9**	0.0	2.2	3.0	88.1	42.5	34.2
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**277.6**	5.4	0.0	0.7	187.4	31.0	53.1
XIV. Congenital Anomalies	**138.0**	0.0	0.0	0.0	130.6	6.8	0.6
XV. Certain Conditions Originating in the Perinatal Period	**761.4**	130.5	0.0	130.1	169.1	183.4	148.3
XVI. Symptoms, Signs, and Ill-defined Conditions	**530.4**	19.3	9.3	60.3	194.6	183.6	63.4
XVII. Injury and Poisoning	**1,954.7**	35.3	25.8	257.4	508.1	867.1	260.9
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**800.3**	97.1	0.0	17.2	226.4	329.7	129.9
Outpatient Treatment							
Standard Outpatient Visit	**4,066.4**	235.9	44.3	323.1	1,263.4	1,581.4	618.2
Day Care Surgery	**1,003.0**	18.2	3.9	20.5	708.2	215.6	36.5
Haemodialysis	**52.5**	0.4	0.7	-1.8	12.0	23.2	18.1
Computerized Axial Tomography (CAT Scan)	**100.7**	6.7	0.6	8.7	42.4	31.4	10.9
Magnetic Resonance Imaging (MRI)	**69.2**	2.9	1.5	3.6	18.2	34.9	8.1
Radiotherapy Services	**30.2**	1.2	0.0	0.0	3.6	7.3	18.0
Cancer Chemotherapy Visit	**45.8**	2.9	0.0	0.0	13.3	19.9	9.7
Other Outpatient Treatment	**47.9**	1.4	0.2	4.1	10.8	25.3	6.0
Total	**19,411.3**	**1,100.0**	**205.9**	**1,700.1**	**6,582.3**	**6,806.5**	**3,016.5**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.

2) Payments for high cost procedures performed during inpatient hospitalizations will include the authorized per diem rate of the hospital when the cost of the procedure is not all-inclusive.

Table 14b
Number of Saskatchewan Hospital Cases for Services Provided to Out-of-Province Residents by Place of Residence and Type of Care

	All Locations	Home Province or Territory of Beneficiary: Maritimes & Territories	Quebec	Ontario	Manitoba	Alberta	British Columbia
Inpatient Treatment -- High Cost Procedures -- Cases							
Cardiac Catheterization with or without Stent(s)	**43**	0	2	4	15	12	10
Cardiac Surgery with or without Valve Replacement	**17**	1	1	0	7	3	5
Pacemaker Insertion or Replacement	**5**	0	0	0	4	0	1
Bone Marrow/Stem Cell Transplant	**0**	0	0	0	0	0	0
Kidney Transplant	**0**	0	0	0	0	0	0
Other Inpatient Treatment by ICD-9 Chapter of Primary Diagnosis -- Cases							
I. Infectious & Parasitic Diseases	**45**	0	1	5	16	15	8
II. Neoplasms	**80**	4	0	4	42	21	9
III. Endocrine, Nutritional & Metabolic Diseases & Immunity Disorders	**56**	5	1	3	20	18	9
IV. Diseases of Blood and Blood-Forming Organs	**16**	1	0	1	6	5	3
V. Mental Disorders	**211**	9	3	28	31	103	37
VI. Diseases of the Nervous System & Sense Organs	**56**	1	0	2	23	24	6
VII. Diseases of the Circulatory System	**218**	6	1	22	89	59	41
VIII. Diseases of the Respiratory System	**224**	10	2	14	67	92	39
IX. Diseases of the Digestive System	**340**	12	2	26	127	127	46
X. Diseases of the Genitourinary System	**134**	9	4	9	50	47	15
XI. Complications of Pregnancy, Childbirth & the Puerperium	**292**	21	2	15	129	96	29
XII. Diseases of the Skin and Subcutaneous Tissue	**39**	0	1	2	15	14	7
XIII. Diseases of the Musculoskeletal System & Connective Tissue	**60**	1	0	1	38	12	8
XIV. Congenital Anomalies	**14**	0	0	0	10	3	1
XV. Certain Conditions Originating in the Perinatal Period	**38**	2	0	1	21	9	5
XVI. Symptoms, Signs, and Ill-defined Conditions	**206**	10	2	18	61	80	35
XVII. Injury and Poisoning	**312**	11	4	26	89	137	45
Supplementary Classifications of Factors Influencing Health Status and Contacts with Health Services	**290**	12	0	15	144	94	25
Outpatient Treatment -- Services							
Standard Outpatient Visit	**25,122**	1,469	273	1,994	7,780	9,816	3,790
Day Care Surgery	**1,544**	28	6	33	1,085	336	56
Haemodialysis	**194**	1	2	19	34	86	52
Computerized Axial Tomography (CAT Scan)	**318**	21	2	29	134	98	34
Magnetic Resonance Imaging (MRI)	**95**	4	2	5	25	48	11
Radiotherapy Services	**119**	5	0	0	14	29	71
Cancer Chemotherapy Visit	**62**	4	0	0	18	27	13
Other Outpatient Treatment	**1,090**	39	6	97	224	569	155
Total	**31,240**	**1,686**	**317**	**2,373**	**10,318**	**11,980**	**4,566**

Notes: 1) More than one of the same high cost procedure can occur during a single hospitalization.
2) Any inpatient MRIs, CAT Scans, etc. are part of hospitalizations for other inpatient treatment by high cost procedure or by diagnosis.

Table 15
In-Province Physician Services by Type of Service and Type of Physician

Type of Service[1] (000'S)	Type of Physician								
	General Practitioners	Paediatricians and Medical Geneticists	Internists and Physiatrists	Neurologists	Cardiologists	Psychiatrists	Dermatologists	General Surgeons	Cardiac Surgeons
Visits									
Consultations	25.9	25.7	97.4	19.0	20.4	6.7	12.6	60.5	3.1
Special Eye Examination	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Major Assessments	316.2	18.2	17.1	1.0	1.8	5.7	1.9	5.3	0.0
Other Assessments	3,907.1	35.5	71.6	2.8	6.9	13.9	10.7	47.8	1.4
Hospital Care Days	356.8	27.0	151.7	7.5	25.0	12.7	0.0	22.7	0.2
Special Calls and Emergency									
Surcharges	184.2	6.1	18.9	1.7	2.1	1.2	0.4	13.9	0.2
Premiums	2.9	0.3	1.3	0.1	0.2	0.0	0.0	0.1	0.0
Psychotherapy/Counseling									
Base Time[2]	174.5	0.3	0.3	0.1	0.0	55.5	0.0	0.1	0.0
Additional Time	103.2	0.2	0.2	0.1	0.0	41.0	0.0	0.0	0.0
Major Surgery	4.5	0.0	0.2	0.3	0.0	0.0	0.1	17.8	8.2
Minor Surgery	168.7	0.3	0.4	0.0	0.1	0.0	11.3	8.4	0.1
Surgical Assistance	112.4	0.0	0.0	0.0	0.0	0.0	0.0	4.7	1.0
Obstetrics	8.7	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Anaesthesia									
Operative	65.9	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Nerve Blocks and Epidurals	4.0	0.0	0.4	0.0	0.0	0.0	0.0	0.0	0.0
Diagnostic Radiology	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0
Pathology/									
Laboratory Services	390.6	0.1	0.1	0.0	0.0	0.0	0.1	0.0	0.0
Diagnostic Ultrasound	2.2	2.2	15.3	0.0	30.8	0.0	0.0	0.0	0.0
Other Diagnostic and									
Therapeutic Services	347.8	132.5	350.8	10.5	106.8	8.7	8.2	46.6	0.3
Special Services	153.7	0.1	0.2	0.0	0.0	0.0	0.7	13.2	0.0
Miscellaneous Services[3]	512.0	9.2	20.2	3.1	4.1	7.4	1.2	22.1	0.9
Total Services	**6,841.4**	**257.8**	**746.0**	**46.1**	**198.1**	**152.8**	**47.1**	**263.2**	**15.4**

[1] The "Definitions of Service Groupings", page 11, describe inclusions in these classifications.

[2] Represents the number of instances these types of services were provided during the year.

[3] This category includes fee codes related to telephone/fax/email advice by physicians to physicians or allied health personnel, the fee code for hospital discharge and documentation and the fee code for SSCN prioritization form completion.

Note: See "Data Limitations" on page 10.

Table 15
(Continued)

Type of Physician									
Ortho-paedic Surgeons	Plastic and Recon-structive Surgeons	Neuro-logical Surgeons	Obstetri-cians and Gynaeco-logists	Urological Surgeons	Ophthal-mologists	Otolaryn-gologists	Anaes-thetists	Pathologists and Diagnostic Radiologists	**Total Services**
35.2	16.0	8.9	41.3	13.8	36.8	26.6	10.9	0.2	**460.8**
0.0	0.0	0.0	0.0	0.0	1.0	0.0	0.0	0.0	**1.0**
1.3	0.1	0.1	7.8	4.1	27.2	7.5	0.0	0.1	**415.4**
42.2	11.7	3.0	59.6	6.8	72.4	26.3	2.2	0.0	**4,321.8**
1.5	0.3	2.5	4.4	1.3	0.1	0.5	0.0	0.0	**614.2**
4.4	1.0	1.2	8.3	0.6	1.2	1.2	15.7	0.3	**262.7**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	10.4	0.0	**15.3**
0.0	0.0	0.0	2.0	0.0	0.0	0.0	0.0	0.0	**232.7**
0.0	0.0	0.0	1.5	0.0	0.0	0.0	0.0	0.0	**146.2**
18.1	7.5	2.8	6.4	5.1	32.0	8.7	0.0	0.0	**111.7**
1.6	7.8	0.0	1.7	1.2	9.7	7.0	0.0	0.0	**218.3**
2.7	0.7	0.5	1.6	1.6	0.0	0.2	0.0	0.0	**125.3**
0.0	0.0	0.0	14.2	0.0	0.0	0.0	0.0	0.0	**22.9**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	496.7	0.0	**562.7**
0.2	0.0	0.1	0.0	0.0	0.0	0.0	28.4	0.2	**33.4**
0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0	277.5	**277.5**
0.0	0.0	0.0	18.7	0.9	0.0	0.0	0.0	0.0	**410.5**
0.0	0.0	0.0	15.8	0.5	10.9	0.0	0.2	108.0	**185.9**
12.0	3.1	0.8	19.2	10.6	243.4	101.1	10.2	23.9	**1,436.5**
0.0	0.6	0.0	17.9	0.0	0.0	0.0	0.0	0.0	**186.3**
14.3	2.4	1.3	20.5	5.9	9.3	6.7	0.2	0.4	**641.2**
133.5	**51.4**	**21.1**	**240.8**	**52.3**	**444.0**	**185.7**	**574.9**	**410.7**	**10,682.1**

Table 16
Selected In-Province Medical Procedures -- Patients, Services and Payments

Type of Procedure	Number of Services	Rate Per 1,000 Beneficiaries			Per Cent Change in Services/1000 2005-06 to 2006-07
		Patients	Payments	Services	
Electrocardiograms and Echocardiograms	409,120	166.59	8,956.41	407.80	5.44
Allergy Investigations and Hyposensitization Injections	287,169	10.02	556.67	286.24	-3.80
Submission of Papanicolau Smear	121,602	221.81 [f]	2,641.00 [f]	240.39 [f]	0.21
Artificial Extra Corporeal Haemodialysis	78,634	0.91	3,509.26	78.38	9.26
Plantar Wart Excision or Fulguration	28,736	13.11	475.27	28.64	-0.33
Removal of Cysts, Granulomata, Keratoses, Moles, Papilloma, Scars, Tumors or Warts	28,451	23.32	1,408.11	28.36	-1.59
Suturing of Wounds	20,002	18.73	1,255.95	19.94	-2.63
Arthrocentesis - Joint Injections Shoulder, Elbow, Knee	19,263	12.27	308.11	19.20	1.43
Cataract Extraction	11,589	8.15	5,328.31	11.55	0.69
Delivery - Vaginal	8,756	17.13 [f]	9,933.82 [f]	17.31 [f]	2.81
- Caesarean	2,293	4.53 [f]	2,827.98 [f]	4.53 [f]	-0.02
Cystoscopy	9,608	7.95	804.25	9.58	1.24
Psychological Testing	7,786	4.06	298.51	7.76	12.15
Fractures, Open Surgical or Closed Reduction	5,856	4.94	1,990.45	5.84	5.40
Cardiac Catheterization	5,149	4.16	593.18	5.13	13.33
Sigmoidoscopy	4,966	4.35	265.03	4.95	-2.78
Hernia Repair	4,217	3.67	1,550.98	4.20	7.52
Electroencephalograms or Echoencephalograms	3,763	3.26	94.65	3.75	-7.91
Arthroplasty - Total Hip Replacement	1,289	1.14	967.42	1.28	5.21
- Total Knee Replacement	1,668	1.47	1,226.13	1.66	9.46
Gall Bladder or Other Biliary Tract Surgery	2,521	2.50	1,384.10	2.51	-2.40
Vasectomy	1,861	3.72 [m]	811.31 [m]	3.74 [m]	0.06
Therapeutic Abortion	1,705	3.28 [f]	498.15 [f]	3.37 [f]	5.08
Tonsillectomy (With or Without Adenoidectomy)	1,697	1.69	422.41	1.69	6.55
Hysterectomy - Abdominal	965	1.90 [f]	804.61 [f]	1.91 [f]	3.22
- Vaginal	528	1.04 [f]	487.75 [f]	1.04 [f]	5.09
Tubal Ligation	1,460	2.87 [f]	566.21 [f]	2.89 [f]	-1.92
Varicose Veins (Ligation)	1,147	0.53	192.41	1.14	-4.08
Dilatation and Curettage	1,020	1.97 [f]	297.60 [f]	2.02 [f]	-18.70
Appendectomy	997	0.99	401.19	0.99	7.95
Septoplasty or Submucous Resection	975	0.96	301.89	0.97	9.77
Electroconvulsive Therapy	960	0.16	48.12	0.96	8.69
Genital Prolapse Repair	898	1.54 [f]	537.07 [f]	1.78 [f]	-3.64
Coronary By-Pass	851	0.85	2,310.34	0.85	-2.90
Prostatectomy (With or Without Vasectomy)	723	1.44 [m]	1,172.27 [m]	1.45 [m]	-12.40
Spinal Disc Excision	647	0.62	516.66	0.64	-12.70
Salpingectomy, Oophorectomy and/or Ovarian Cystectomy	538	1.04 [f]	360.30 [f]	1.06 [f]	5.84
Peptic Ulcer Surgery	135	0.12	90.89	0.13	-3.24
Strabismus Operation	81	0.07	35.77	0.08	-41.50

[f] Rate per 1,000 female beneficiaries.

[m] Rate per 1,000 male beneficiaries.

Note: See "Data Limitations" on page 10.

Table 17
Selected In-Province Medical Conditions -- Patients, Services and Payments

Conditions	I.C.D.[1]	Number of Services (000'S)	Rate Per 1,000 Beneficiaries		
			Patients	Payments	Services
General Medical Examination - No Specific Diagnosis	V70	437	203.4	13,836	436
Acute Upper Respiratory Infection (Except Influenza)	460 - 465	379	215.7	10,821	378
Hypertension	401 - 405	361	130.3	10,368	360
Diseases Affecting Genitourinary Tract	580 - 599, 788	326	80.3	12,041	325
Chronic Sinusitis & Other Respiratory Symptoms	473 & 786	215	86.7	8,381	214
Diabetes Mellitus	250	198	46.7	5,499	197
Ischaemic Heart Disease	410 - 414	192	31.5	12,651	192
Arthritis	710 - 716	163	57.4	6,778	162
Rheumatic Disease	725 - 729	163	86.6	5,620	163
Psychoses	295 - 299	159	19.3	5,661	159
Neuroses	300	131	56.7	4,001	131
Asthma	493	127	39.8	2,734	127
Otitis Media	381 & 382	126	57.4	3,782	126
Cataract	366	118	19.2	7,846	118
Glaucoma	365	118	19.4	3,093	118
Bronchitis	466, 490 & 491	116	71.6	3,384	116
Symptomatic Heart Disease	428 & 429	116	23.6	4,200	116
Vertebrogenic Pain Syndrome	724	109	50.8	3,924	108
Eczema	690 - 692	106	57.5	2,697	106
Cardiac Disrhythmias	427	106	21.0	3,514	106
Diarrheal Disease	009	77	40.8	2,663	77
Pneumonia	480 - 486	75	19.7	2,390	75
Disorders of Menstruation	Z08[2] & 626	66	52.7 †	4,181 †	130 †
Hay Fever	477	62	8.8	555	62
Cerebrovascular Disease	430 - 438	62	8.8	2,237	62
Cellulitis and Abscess	681 & 682	62	27.4	1,927	62
Anaemias	280 - 285	54	18.5	1,811	54
Chronic Airways Obstruction	496	54	11.3	1,728	54
Infective Disease of Uterus (Except Cervix), Vagina, and Vulva	615 & 616	49	42.3 †	2,589 †	97 †
Myxedema	244	42	23.3	1,064	42
Gastritis and Duodenitis	535	31	18.9	945	31
Migraine	346	26	12.9	775	26
Varicose Veins of Lower Extremity	454	24	4.9	737	24
Alzheimer's Disease and Other Cerebral Degenerations	331	23	2.8	676	23
Menopausal Symptoms	627	22	22.4 †	1,199 †	43 †
Disorders of Functions of Stomach	536 & 537	19	11.7	667	19
Hyperkinetic Syndrome of Childhood (ADHD)	314	19	4.8	743	18
Influenza	487	13	10.4	326	13
Obesity	278	13	6.6	465	13
Multiple Sclerosis	340	13	2.2	429	13
Epilepsy	345	12	4.1	367	11
Alcoholic Psychosis and Alcoholism	291 & 303	12	3.6	367	12
Ulcers of Duodenum and Stomach	531 - 534	8	4.8	312	8

[1] Ninth Revision International Classification of Diseases, 1977.

[2] MSP internally assigned code for the identification of a specific condition which is grouped within a general category in the I.C.D.

† Rate per 1,000 female beneficiaries.

Notes: 1) MSP records only one diagnosis of symptoms per claim even though the patient may have more than one condition.
2) See "Data Limitations" on page 10.

Table 18
Turnover of Physicians

	General Practitioners					
	Metro		Urban		Rural	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2001-02[1]	329		142		235	
		10.3		9.2		14.9
Still Practising in 2002-03[2]	295		129		200	
Practising in 2002-03[1]	337		145		233	
		11.0		11.7		18.5
Still Practising in 2003-04[2]	300		128		190	
Practising in 2003-04[1]	341		140		234	
		7.6		8.6		19.2
Still Practising in 2004-05[2]	315		128		189	
Practising in 2004-05[1]	356		146		230	
		9.3		6.8		19.1
Still Practising in 2005-06[2]	323		136		186	
Practising in 2005-06[1]	370		150		231	
		11.9		13.3		18.6
Still Practising in 2006-07[2]	326		130		188	
Practising in 2006-07[1]	370		152		230	

	All General Practitioners		Specialists		All Physicians	
	Number	Per Cent Turnover	Number	Per Cent Turnover	Number	Per Cent Turnover
Practising in 2001-02[1]	706		497		1,203	
		11.6		10.9		11.3
Still Practising in 2002-03[2]	624		443		1,067	
Practising in 2002-03[1]	715		496		1,211	
		13.6		7.9		11.2
Still Practising in 2003-04[2]	618		457		1,075	
Practising in 2003-04[1]	715		500		1,215	
		11.6		10.2		11.0
Still Practising in 2004-05[2]	632		449		1,081	
Practising in 2004-05[1]	732		513		1,245	
		11.9		9.0		10.7
Still Practising in 2005-06[2]	645		467		1,112	
Practising in 2005-06[1]	751		521		1,272	
		14.2		10.0		12.5
Still Practising in 2006-07[2]	644		469		1,113	
Practising in 2006-07[1]	752		529		1,281	

[1] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter and practising in Saskatchewan at the end of the fiscal year.

[2] Physicians with their own MSP billing numbers receiving $15,000 or more in the fourth quarter of two consecutive years and practising in Saskatchewan at the end of both fiscal years.

Notes: 1) The net number of physicians who entered practice in 2006-07 was 168, the difference between "Practising" (1,281) and "Still Practising" (1,113).

2) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

3) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

4) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

5) All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 19
Physicians in Relation to Population and Practice Size

Type of Physician[1]	Number of Physicians		Population Per Physician (000's)		Average Number of Patients Per Physician[2] (000's)		Average Patient Contacts Per Physician[3] (000's)		Per Cent of Beneficiaries Treated	
	2005-06	2006-07	2005-06	2006-07	2005-06	2006-07	2005-06	2006-07	2005-06	2006-07
General Practitioner[4]	**767**	**763**	**1.3**	**1.3**	**2.5**	**2.5**	**6.2**	**6.1**	**81.3**	**82.1**
Specialists[4]										
Paediatricians and Medical Geneticists	37	40	27.6	25.1	1.3	1.3	2.7	2.6	3.8	3.8
Internists and Physiatrists	101	107	10.1	9.4	1.9	1.8	4.2	4.0	13.0	13.3
Neurologists	12	11	85.1	91.2	2.0	2.1	2.7	2.8	2.4	2.1
Cardiologists	14	17	72.9	59.0	4.4	3.9	4.7	4.1	4.2	4.4
Psychiatrists	35	38	29.2	26.4	0.5	0.4	2.3	2.1	1.4	1.5
Dermatologists	5	3	204.2	334.4	4.0	4.8	7.3	8.6	1.9	1.6
Anaesthetists	78	78	13.1	12.9	1.0	1.0	1.1	1.1	5.6	5.8
General Surgeons	57	57	17.9	17.6	1.3	1.3	2.7	2.8	6.3	6.6
Cardiac Surgeons	7	7	145.9	143.3	0.6	0.6	1.0	1.0	0.3	0.3
Orthopaedic Surgeons	32	30	31.9	33.4	1.4	1.4	2.8	2.7	4.0	4.0
Plastic and Reconstructive Surgeons	12	12	85.1	83.6	1.5	1.5	2.8	2.8	1.7	1.7
Neurological Surgeons	7	7	145.9	143.3	1.1	1.1	2.0	2.1	0.8	0.8
Obstetricians and Gynaecologists	39	41	26.2	24.5	1.5	1.5	3.3	3.1	4.4	4.5
Urological Surgeons	13	12	78.5	83.6	1.7	1.7	2.8	2.8	1.9	1.9
Ophthalmologists	24	25	42.5	40.1	3.2	3.0	6.8	6.6	7.2	7.1
Otolaryngologists	13	13	78.5	77.2	2.9	3.0	5.5	5.4	3.6	3.7
Pathologists and Diagnostic Radiologists	48	46	21.3	21.8	5.2	5.4	0.2	0.2	18.8	19.3
All Specialists[4]	**534**	**544**	**1.9**	**1.8**	**1.9**	**1.9**	**2.9**	**2.8**	**43.1**	**43.7**
All Physicians[4]	**1,301**	**1,307**	**0.8**	**0.8**	**2.3**	**2.2**	**4.8**	**4.7**	**83.2**	**84.0**
Licensed Physicians[5]	1,708	1,742	0.6	0.6	--	--	--	--	--	--

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[3] A patient contact represents each time a physician saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[5] Licensed physicians, as of the last day of the fiscal year, includes temporary licensed locum physicians but excludes educational locums and medical residents.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 20
Physicians by Size of Practice

Type of Physician[1]	Number of Physicians[2]	Size of Practice by Range of Patients[3] Less than 501	501-1,000	1,001-1,500	1,501-2,000	2,001-2,500	2,501-3,000	3,001-3,500	More than 3,500
General Practitioners									
Metro Association	317	7	23	52	45	53	36	17	84
Metro Solo	69	11	11	9	11	8	5	4	10
Urban Association	117	1	9	13	23	10	15	10	36
Urban Solo	32	2	4	5	4	7	5	2	3
Rural Association	176	2	9	29	31	46	27	16	16
Rural Solo	52	0	8	13	10	12	3	3	3
All General Practitioners 2006-07	**763**	**23**	**64**	**121**	**124**	**136**	**91**	**52**	**152**
All General Practitioners 2005-06	767	17	53	128	126	141	97	53	152
Specialists									
Paediatricians and Medical Geneticists	40	3	20	7	1	5	2	0	2
Internists and Physiatrists	107	8	32	19	9	10	7	7	15
Neurologists	11	0	3	2	1	1	2	0	2
Cardiologists	17	0	0	1	1	2	5	2	6
Psychiatrists	38	30	5	2	1	0	0	0	0
Dermatologists	3	0	0	0	0	1	0	0	2
Anaesthetists	78	6	41	28	2	1	0	0	0
General Surgeons	57	6	10	15	22	4	0	0	0
Cardiac Surgeons	7	3	4	0	0	0	0	0	0
Orthopaedic Surgeons	30	1	5	12	10	2	0	0	0
Plastic and Reconstructive Surgeons	12	1	1	6	0	2	2	0	0
Neurological Surgeons	7	0	5	1	0	1	0	0	0
Obstetricians and Gynaecologists	41	4	10	8	7	10	1	0	1
Urological Surgeons	12	0	2	2	6	1	0	0	1
Ophthalmologists	25	2	1	1	0	4	6	1	10
Otolaryngologists	13	0	0	3	1	0	3	2	4
Pathologists and Diagnostic Radiologists	46	0	4	6	7	3	3	0	23
All Specialists 2006-07	**544**	**64**	**143**	**113**	**68**	**47**	**31**	**12**	**66**
All Specialists 2005-06	534	49	148	116	62	48	28	15	68
All Physicians 2006-07	**1,307**	**87**	**207**	**234**	**192**	**183**	**122**	**64**	**218**
All Physicians 2005-06	1,301	66	201	244	188	189	125	68	220

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

Notes: 1) Earnings and size of practice may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 21
Physicians by Range of Patient Contacts

Type of Physician[1]	Number of Physicians[2]	Range of Patient Contacts[3] 1-2,000	2,001-4,000	4,001-6,000	6,001-8,000	8,001-10,000	10,001-12,000	Over 12,000
General Practitioners								
Metro Association	317	29	90	66	52	47	13	20
Metro Solo	69	21	7	19	6	8	3	5
Urban Association	117	6	16	31	27	17	13	7
Urban Solo	32	5	5	4	6	5	4	3
Rural Association	176	14	45	37	34	22	11	13
Rural Solo	52	1	8	12	15	8	2	6
All General Practitioners 2006-07	**763**	**76**	**171**	**169**	**140**	**107**	**46**	**54**
All General Practitioners 2005-06	767	73	180	149	131	121	53	60
Specialists								
Paediatricians and Medical Geneticists	40	22	13	2	1	1	0	1
Internists and Physiatrists	107	37	29	19	9	7	3	3
Neurologists	11	4	5	2	0	0	0	0
Cardiologists	17	4	5	6	1	0	0	1
Psychiatrists	38	29	4	3	1	0	0	1
Dermatologists	3	0	1	0	0	1	0	1
Anaesthetists	78	74	4	0	0	0	0	0
General Surgeons	57	15	33	9	0	0	0	0
Cardiac Surgeons	7	7	0	0	0	0	0	0
Orthopaedic Surgeons	30	5	23	2	0	0	0	0
Plastic and Reconstructive Surgeons	12	2	8	1	1	0	0	0
Neurological Surgeons	7	5	2	0	0	0	0	0
Obstetricians and Gynaecologists	41	13	15	12	1	0	0	0
Urological Surgeons	12	2	9	0	1	0	0	0
Ophthalmologists	25	4	1	6	5	5	3	1
Otolaryngologists	13	1	3	3	4	2	0	0
Pathologists and Diagnostic Radiologists	46	46	0	0	0	0	0	0
All Specialists 2006-07	**544**	**270**	**155**	**65**	**24**	**16**	**6**	**8**
All Specialists 2005-06	534	247	167	58	33	17	4	8
All Physicians 2006-07	**1,307**	**346**	**326**	**234**	**164**	**123**	**52**	**62**
All Physicians 2005-06	1,301	320	347	207	164	138	57	68

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] A patient contact represents each time the practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings and patient contacts may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 22
Physicians by Place of Graduation[1]

Type of Physician[2]	Number of Physicians[3]	Canada		U.S.A., Central and South America	United Kingdom and Eire	Continental Europe	Asia	Africa	Australia
		Sask.	Other Prov.						
General Practitioners									
Metro Association	317	156	19	5	32	8	52	45	0
Metro Solo	69	23	2	3	10	2	14	15	0
Urban Association	117	26	4	1	11	4	17	54	0
Urban Solo	32	6	0	1	3	1	6	15	0
Rural Association	176	37	6	2	9	2	18	102	0
Rural Solo	52	8	4	1	12	1	3	23	0
All General Practitioners 2006-07	**763**	**256**	**35**	**13**	**77**	**18**	**110**	**254**	**0**
All General Practitioners 2005-06	767	253	37	11	78	20	103	264	1
Specialists									
Paediatricians and Medical Geneticists	40	11	12	2	3	1	8	3	0
Internists and Physiatrists	107	33	20	4	6	7	17	20	0
Neurologists	11	3	1	0	1	0	4	2	0
Cardiologists	17	8	2	0	0	1	2	4	0
Psychiatrists	38	14	4	1	3	1	11	3	1
Dermatologists	3	3	0	0	0	0	0	0	0
Anaesthetists	78	37	15	0	2	1	10	13	0
General Surgeons	57	19	13	0	2	1	10	12	0
Cardiac Surgeons	7	1	5	0	0	1	0	0	0
Orthopaedic Surgeons	30	14	6	0	3	0	5	2	0
Plastic and Reconstructive Surgeons	12	7	3	1	0	0	1	0	0
Neurological Surgeons	7	1	2	0	0	0	2	2	0
Obstetricians and Gynaecologists	41	15	6	1	0	1	7	11	0
Urological Surgeons	12	5	4	0	0	0	0	2	1
Ophthalmologists	25	12	1	2	6	0	1	3	0
Otolaryngologists	13	7	0	0	2	0	2	2	0
Pathologists and Diagnostic Radiologists	46	25	10	0	3	1	2	4	1
All Specialists 2006-07	**544**	**215**	**104**	**11**	**31**	**15**	**82**	**83**	**3**
All Specialists 2005-06	534	208	109	9	33	14	77	82	2
All Physicians 2006-07	**1,307**	**471**	**139**	**24**	**108**	**33**	**192**	**337**	**3**
Per Cent Distribution 2006-07	100%	36%	11%	2%	8%	3%	15%	26%	0%
All Physicians 2005-06	**1,301**	**461**	**146**	**20**	**111**	**34**	**180**	**346**	**3**
Per Cent Distribution 2005-06	100%	35%	11%	2%	9%	3%	14%	27%	0%

[1] The place of graduation is the location at which the first medical degree was obtained.

[2] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[3] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 23
Physicians by Age Group

Type of Physician[1]	Number of Physicians[2]	Age Group				
		Under 35	35-44	45-54	55-64	65+
General Practitioners						
Metro Association	317	29	75	104	73	36
Metro Solo	69	0	18	13	24	14
Urban Association	117	26	30	30	24	7
Urban Solo	32	2	7	9	10	4
Rural Association	176	43	56	33	33	11
Rural Solo	52	5	9	15	8	15
All General Practitioners 2006-07	**763**	**105**	**195**	**204**	**172**	**87**
All General Practitioners 2005-06	767	116	210	192	165	84
Specialists						
Paediatricians and Medical Geneticists	40	0	11	12	12	5
Internists and Physiatrists	107	8	34	28	26	11
Neurologists	11	0	1	4	2	4
Cardiologists	17	1	10	3	3	0
Psychiatrists	38	2	11	11	5	9
Dermatologists	3	0	0	2	1	0
Anaesthetists	78	10	25	33	10	0
General Surgeons	57	3	22	22	5	5
Cardiac Surgeons	7	0	5	2	0	0
Orthopaedic Surgeons	30	1	10	9	6	4
Plastic and Reconstructive Surgeons	12	1	4	2	4	1
Neurological Surgeons	7	0	2	1	3	1
Obstetricians and Gynaecologists	41	1	11	15	12	2
Urological Surgeons	12	1	2	6	2	1
Ophthalmologists	25	2	6	10	5	2
Otolaryngologists	13	0	3	5	1	4
Pathologists and Diagnostic Radiologists	46	6	16	16	7	1
All Specialists 2006-07	**544**	**36**	**173**	**181**	**104**	**50**
All Specialists 2005-06	534	42	167	172	101	52
All Physicians 2006-07	**1,307**	**141**	**368**	**385**	**276**	**137**
Per Cent Distribution 2006-07	100%	11%	28%	29%	21%	10%
All Physicians 2005-06	**1,301**	**158**	**377**	**364**	**266**	**136**
Per Cent Distribution 2005-06	100%	12%	29%	28%	20%	10%

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians, may be affected by the extent of shadow billing.

Table 24
Average Payment [1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	All Physicians		All General Practitioners		All Specialists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	291.4	1,307	234.6	763	371.0	544
Highest Paid	1,706.2		761.0		1,706.2	
Less than $ 60,000	25.0	232	25.4	160	23.9	72
$ 60,000 - $ 74,999	67.6	47	67.7	29	67.5	18
$ 75,000 - $ 99,999	87.1	90	85.7	63	90.4	27
$100,000 - $124,999	112.6	92	112.9	68	111.9	24
$125,000 - $149,999	137.9	96	138.6	52	137.1	44
$150,000 - $174,999	162.7	91	162.6	64	163.2	27
$175,000 - $199,999	187.7	84	187.6	55	188.1	29
$200,000 - $249,999	224.6	170	224.1	116	225.6	54
$250,000 - $299,999	274.0	153	273.8	103	274.6	50
$300,000 - $349,999	321.4	141	320.7	100	323.2	41
Over $350,000	554.5	343	440.6	113	610.4	230
Total	**251.2**	**1,539**	**198.4**	**923**	**330.4**	**616**

	General Practitioners					
	Metro		Urban		Rural	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	215.6	386	260.5	149	250.0	228
Highest Paid	561.6		761.0		673.1	
Less than $ 60,000	26.9	98	26.4	21	21.5	41
$ 60,000 - $ 74,999	68.5	17	74.6	1	66.0	11
$ 75,000 - $ 99,999	84.6	42	81.4	7	91.4	14
$100,000 - $124,999	110.9	37	116.0	12	114.8	19
$125,000 - $149,999	138.7	26	137.8	10	139.0	16
$150,000 - $174,999	162.7	37	162.3	13	162.5	14
$175,000 - $199,999	188.4	32	187.4	10	185.6	13
$200,000 - $249,999	224.4	59	226.0	25	222.1	32
$250,000 - $299,999	273.9	44	272.5	23	274.5	36
$300,000 - $349,999	316.4	52	329.4	18	322.9	30
Over $350,000	424.9	40	452.3	30	447.0	43
Total	**177.4**	**484**	**231.6**	**170**	**215.2**	**269**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Paediatricians and Medical Geneticists		Internists and Physiatrists		Cardiologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	206.1	40	328.4	107	691.2	17
Highest Paid	830.0		1,028.3		1,706.2	
Less than $ 60,000	10.3	13	24.3	23	36.6	1
$ 60,000 - $ 74,999	71.9	3	67.4	3	--	--
$ 75,000 - $ 99,999	86.9	4	87.0	7	--	--
$100,000 - $124,999	106.0	4	111.4	7	--	--
$125,000 - $149,999	137.5	11	134.2	11	--	--
$150,000 - $174,999	164.9	3	161.4	8	--	--
$175,000 - $199,999	--	--	190.0	6	192.7	2
$200,000 - $249,999	228.2	8	230.9	11	--	--
$250,000 - $299,999	266.1	2	278.8	8	263.9	1
$300,000 - $349,999	336.0	1	328.7	5	--	--
Over $350,000	638.5	4	566.6	41	793.0	14
Total	**158.0**	**53**	**274.6**	**130**	**654.9**	**18**

	Neurologists		Psychiatrists		Dermatologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	295.7	11	207.5	38	419.1	3
Highest Paid	738.5		792.4		637.3	
Less than $ 60,000	--	--	24.5	8	26.3	2
$ 60,000 - $ 74,999	--	--	64.7	3	--	--
$ 75,000 - $ 99,999	96.1	1	92.0	6	--	--
$100,000 - $124,999	108.9	1	118.8	1	--	--
$125,000 - $149,999	--	--	134.4	7	--	--
$150,000 - $174,999	161.7	2	163.1	5	--	--
$175,000 - $199,999	189.9	2	189.0	2	--	--
$200,000 - $249,999	--	--	208.1	4	202.5	1
$250,000 - $299,999	263.7	1	277.1	4	--	--
$300,000 - $349,999	--	--	317.2	2	--	--
Over $350,000	520.1	4	577.9	4	527.4	2
Total	**295.7**	**11**	**175.7**	**46**	**262.0**	**5**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 24 (Continued)
Average Payment [1] ($000's) Per Resident Physician[2] by Specialty and Range of Paid Amount

	Type of Physician[3]					
	Anaesthetists		General Surgeons		Cardiac Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	291.3	78	387.5	57	725.2	7
Highest Paid	776.4		891.6		887.1	
Less than $ 60,000	39.9	2	46.6	6	--	--
$ 60,000 - $ 74,999	67.0	2	--	--	--	--
$ 75,000 - $ 99,999	90.4	1	92.9	1	--	--
$100,000 - $124,999	102.2	1	115.8	1	--	--
$125,000 - $149,999	142.8	4	145.7	2	--	--
$150,000 - $174,999	160.3	2	166.3	2	--	--
$175,000 - $199,999	192.2	6	182.1	4	--	--
$200,000 - $249,999	225.6	14	228.3	5	--	--
$250,000 - $299,999	275.8	17	262.0	1	--	--
$300,000 - $349,999	327.8	13	321.2	6	--	--
Over $350,000	457.8	18	491.3	35	725.2	7
Total	**285.0**	**80**	**355.0**	**63**	**725.2**	**7**

	Orthopaedic Surgeons		Plastic and Reconstructive Surgeons		Neurological Surgeons	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	380.7	30	376.6	12	400.0	7
Highest Paid	720.5		802.3		644.0	
Less than $ 60,000	--	--	--	--	33.5	3
$ 60,000 - $ 74,999	61.6	1	69.3	1	--	--
$ 75,000 - $ 99,999	--	--	99.1	1	--	--
$100,000 - $124,999	120.8	1	--	--	--	--
$125,000 - $149,999	--	--	--	--	--	--
$150,000 - $174,999	--	--	--	--	--	--
$175,000 - $199,999	190.4	3	--	--	--	--
$200,000 - $249,999	239.6	2	--	--	235.5	1
$250,000 - $299,999	282.2	2	268.1	2	285.7	2
$300,000 - $349,999	305.1	4	313.7	2	302.4	1
Over $350,000	494.3	17	531.2	6	563.4	3
Total	**380.7**	**30**	**376.6**	**12**	**290.0**	**10**

[1] Represents gross payments by MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payments should not be taken to represent total professional income since the physicians may receive payments from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Includes payments for the rural emergency coverage program but excludes payments for the specialist coverage program.

[2] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number.

[3] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year.

[4] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Table 24 (Continued)

	Type of Physician[3]					
	Obstetricians and Gynaecologists		Urological Surgeons		Ophthalmologists	
	Average Payment	Number	Average Payment	Number	Average Payment	Number
Physicians[4]	351.3	41	388.3	12	751.6	25
Highest Paid	1,171.0		1,149.0		1,347.1	
Less than $ 60,000	12.1	5	--	--	18.4	2
$ 60,000 - $ 74,999	65.2	2	--	--	69.2	3
$ 75,000 - $ 99,999	95.6	3	--	--	--	--
$100,000 - $124,999	114.4	2	--	--	--	--
$125,000 - $149,999	138.5	4	--	--	133.5	1
$150,000 - $174,999	163.5	2	168.7	1	--	--
$175,000 - $199,999	--	--	176.2	1	--	--
$200,000 - $249,999	226.1	3	--	--	210.0	1
$250,000 - $299,999	272.1	3	291.5	1	--	--
$300,000 - $349,999	320.4	1	323.4	4	--	--
Over $350,000	526.6	21	545.9	5	912.0	20
Total	**314.4**	**46**	**388.3**	**12**	**697.3**	**27**

	Otolaryngologists		Pathologists and Diagnostic Radiologists	
	Average Payment	Number	Average Payment	Number
Physicians[4]	435.4	13	481.1	46
Highest Paid	891.9		1,612.0	
Less than $ 60,000	--	--	26.6	7
$ 60,000 - $ 74,999	--	--	--	--
$ 75,000 - $ 99,999	--	--	89.1	3
$100,000 - $124,999	--	--	114.2	6
$125,000 - $149,999	142.6	2	135.3	2
$150,000 - $174,999	--	--	166.2	2
$175,000 - $199,999	--	--	180.6	3
$200,000 - $249,999	--	--	220.1	4
$250,000 - $299,999	257.5	2	271.7	4
$300,000 - $349,999	341.6	2	--	--
Over $350,000	596.6	7	821.2	22
Total	**435.4**	**13**	**421.1**	**53**

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.
2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 25
Average Payment ($000's) Per Physician
By Specialty, 2001-02 to 2006-07

Type of Physician[1]	Average Payment[2] ($000'S) 2001-02	2002-03	2003-04	2004-05	2005-06	2006-07	Average Annual Per Cent Change 2001-02 to 2006-07
General Practitioners							
Metro Association	164.3	169.4	180.0	198.9	206.2	210.6	5.13
Metro Solo	175.2	179.8	201.3	223.3	243.5	238.6	6.51
Urban Association	219.7	220.5	231.0	249.1	248.8	252.2	2.84
Urban Solo	247.2	252.8	256.8	257.0	290.9	290.7	3.41
Rural Association	206.3	216.7	224.1	238.8	245.2	245.8	3.59
Rural Solo	210.1	217.6	219.4	253.9	287.2	264.1	5.04
All General Practitioners	**191.6**	**197.4**	**207.3**	**225.1**	**234.2**	**234.6**	**4.17**
Specialists							
Paediatricians and Medical Geneticists	151.1	152.1	178.6	195.5	222.4	206.1	6.79
Internists and Physiatrists	253.5	268.9	284.9	303.7	333.3	328.4	5.38
Neurologists	237.6	228.6	235.2	250.5	280.8	295.7	4.60
Cardiologists	567.8	556.3	550.9	631.6	736.9	691.2	4.42
Psychiatrists	210.8	208.6	217.3	239.0	218.5	207.5	-0.10
Dermatologists	311.1	357.4	327.5	362.8	372.2	419.1	6.50
Anaesthetists	215.1	237.1	237.7	262.3	283.0	291.3	6.33
General Surgeons	298.8	304.7	304.7	336.5	366.7	387.5	5.41
Cardiac Surgeons	505.5	441.8	511.0	686.7	722.6	725.2	8.61
Orthopaedic Surgeons	286.2	305.8	323.0	359.2	365.1	380.7	5.92
Plastic and Reconstructive Surgeons	286.0	254.6	297.9	334.4	363.8	376.6	6.12
Neurological Surgeons	347.7	280.2	343.0	344.0	396.8	400.0	3.89
Obstetricians and Gynaecologists	250.8	277.5	305.2	334.2	358.6	351.3	7.08
Urological Surgeons	294.6	322.1	350.5	411.3	381.9	388.3	6.01
Ophthalmologists	452.9	497.6	543.0	636.0	726.9	751.6	10.76
Otolaryngologists	337.2	359.3	395.6	407.0	415.9	435.4	5.28
Pathologists and Diagnostic Radiologists	499.2	498.7	490.9	487.9	453.6	481.1	-0.65
All Specialists	**290.0**	**301.0**	**316.0**	**343.7**	**366.1**	**371.0**	**5.08**
Spec. less Pathologists & Radiologists	274.0	285.3	301.8	331.8	357.5	360.8	5.70
All Physicians	**232.1**	**240.1**	**251.8**	**274.2**	**288.4**	**291.4**	**4.69**
Phys. less Pathologists & Radiologists	224.1	232.0	244.3	267.2	282.0	284.5	4.93

[1] Physicians are shown in specialties or general practice in accordance with the listing of the College of Physicians and Surgeons of Saskatchewan at the end of the year. Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[2] Represents gross payments by the MSP from which the physicians must pay overhead costs which may be high in specialties such as Radiology and Pathology. The MSP payment should not be taken to represent total professional income since physicians may receive payment from other sources, e.g. from other public or private agencies, from patients requesting services not covered by MSP. Payments for the specialist coverage program are excluded.

Notes: 1) Earnings may reflect an upward bias as a result of physicians sponsoring locums.

2) Laboratory services provided by Pathologists are now the responsibility of RHAs. As a result, Pathologists' fee-for-service payments are minimal.

3) Both the increases in the number of active physicians and the decreases in the average payments may have been influenced by the locum billing number policy changes.

4) Effective April 1, 2001, all foreign certified specialists are grouped as specialists even though they may have continued to bill the MSP as general practitioners.

5) Effective April 1, 2002, all foreign certified specialists are grouped as specialists and are required to bill the MSP in their specialty section of the Payment Schedule.

6) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 26
Physician Payments ($000's) by Specialty Group

	General Practitioners		Medical Specialists[1]		Surgical Specialists[1]		Technical Specialists[1]	
	Number	Average Payment	Number	Average Payment	Number	Average Payment	Number	Average Payment
A. By Resident Community:[2]								
Regina	172	230.6	56	465.0	61	510.4	36	438.6
Saskatoon[3]	215	203.2	131	244.2	95	441.7	77	327.1
Moose Jaw	24	277.4	4	622.1	9	417.4	3	261.7
Prince Albert	51	240.0	9	301.3	15	308.8	6	478.7
Yorkton	14	278.4	5	247.7	8	467.9	--	--
Swift Current	16	216.6	4	461.9	6	297.1	2	**
North Battleford	21	276.7	3	163.3	6	266.2	--	--
Estevan	11	345.2	--	--	--	--	--	--
Weyburn	12	245.2	--	--	--	--	--	--
All Other Locations	227	250.4	4	180.4	4	203.1	--	--
B. By Activity Threshold:								
1. Resident at Year End and No Change in Location During Year[2]	725	236.7	211	314.7	201	435.6	122	364.9
2. Resident Full Year[2]	712	241.5	201	323.6	196	449.0	115	376.9
3. Resident and Active in Two Consecutive Years[2]	678	247.7	189	335.0	191	454.8	112	381.2
4. Resident During Any Portion of the Year and Earning $60,000 or More	802	230.9	220	309.6	212	428.9	133	348.3
5. Person-Year Equivalents and Earning $60,000 or More[4]	771.6	240.0	213.7	318.7	206.0	441.3	127.3	363.9
6. Resident at Year End With Payments of $15,000 or More in Each Quarter of the Year	634	258.8	182	348.0	185	470.1	102	404.1
7. Resident at Year End and Majority of Billings are Fee-For-Service[2]	656	250.1	193	331.3	184	462.4	119	369.9
C. By Age Group:[2]								
Under 35	105	183.4	11	271.1	9	357.6	16	240.9
35 - 44	195	238.3	67	268.1	65	454.7	41	289.4
45 - 54	204	240.2	60	339.3	72	490.9	49	399.6
55 - 64	172	262.2	49	368.6	38	438.8	17	520.8
65 +	87	220.7	29	281.7	20	231.2	1	700.1

[1] Physicians are grouped as follows:
- Medical Specialists: Paediatricians, Internists, Neurologists, Cardiologists, Psychiatrists, Dermatologists, Physiatrists and Medical Geneticists.
- Surgical Specialists: General Surgeons, Thoracic Surgeons, Orthopaedic Surgeons, Plastic and Reconstructive Surgeons, Neurological Surgeons, Obstetricians and Gynaecologists, Urological Surgeons, Ophthalmologists and Otolaryngologists.
- Technical Specialists: Anaesthetists, Pathologists and Diagnostic Radiologists.

[2] Physicians with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan at the end of the year. Earnings may reflect an upward bias as a result of physicians sponsoring locums. Payments for the specialist coverage program are excluded.

[3] Includes physicians who practise out of teaching institutions. Average payments may reflect a downward bias as a result.

[4] Person-year equivalents are prorated on the number of months in practice.

** Not shown, to preserve confidentiality.

Note: Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 27
Payments[1] for Specialist and Rural Emergency Coverage Programs

	Specialist Emergency Coverage			Rural (GP) Emergency	Total Payments for Emergency
	Number of Rotations				
	Tier I	Tier II	Payments[2]	Coverage[3]	Coverage
Regional Health Authority					
1 Sun Country	4	2	$318,254	$774,368	$1,092,622
2 Five Hills	5	5	$653,151	$318,080	$971,231
3 Cypress	6	3	$701,255	$563,918	$1,265,173
4 Regina Qu'Appelle	35	9	$4,170,872	$653,979	$4,824,852
5 Sunrise	5	4	$601,355	$539,730	$1,141,085
6 Saskatoon	42	22	$5,375,899	$690,231	$6,066,129
7 Heartland	0	2	$15,000	$830,945	$845,945
8 Kelsey Trail	0	7	$185,563	$753,924	$939,487
9 Prince Albert Parkland	7	4	$890,699	$268,302	$1,159,001
10 Prairie North	11	5	$1,023,722	$462,785	$1,486,507
11 Mamawetan Churchill River	0	0	$0	$117,600	$117,600
12 Keewatin Yatthé	0	0	$0	$248,475	$248,475
13 Athabasca	0	0	$0	$162,040	$162,040
All Regional Health Authorities	115	63	$13,935,769	$6,384,376	$20,320,146
Other Emergency Coverage					
Medical Health Officers	0	2	$120,000	--	$120,000
Saskatchewan Cancer Agency	0	7	$361,042	--	$361,042
All Emergency Coverage	**115**	**72**	**$14,416,811**	**$6,384,376**	**$20,801,188**

[1] Includes payments made indirectly to physicians through RHAs, the Saskatchewan Cancer Agency or other.

[2] Includes payments to general practitioners approved to provide coverage under the Specialist Emergency Coverage Program. Includes a 2.8% adjustment as a result of the 2006-2009 SMA Agreement.

[3] Includes all ERCP payments as well as any payments for travel expenses when general practitioners provide weekend relief. Includes a 2.8% adjustment on only the non-fee-for-service ERCP payments as a result of the 2006-2009 SMA Agreement. The 2.8% adjustment to fee-for-service ERCP payments were included in a lump sum adjustment of all fee-for-service payments but excluded here.

Notes: Tier I Coverage: continuous (365 days, 24 hours per day) and physicians must be available to respond by phone within 15 minutes and be on-site within 30 minutes.

Tier II Coverage: either continuous or non-continuous. Physician must respond by phone within 15 minutes and be on-site within a reasonable time, defined by the specialty and clinical judgment of the responding physician.

Table 28
Medical Remuneration and Alternate Payment Expenditures ($000's)

	Medical Remuneration Payments[1]		Alternate Payments		Non-Fee-For-Service Total Payments	
	2005-06	2006-07	2005-06	2006-07	2005-06	2006-07
Regional Health Authority						
1 Sun Country	$1,681	$1,795	$6	$0	$1,687	$1,795
2 Five Hills	$2,720	$4,113	$637	$885	$3,356	$4,998
3 Cypress	$2,024	$3,446	$1,891	$2,106	$3,915	$5,552
4 Regina Qu'Appelle	$33,733	$34,545	$3,965	$4,071	$37,698	$38,616
5 Sunrise	$3,852	$3,954	$0	$0	$3,852	$3,954
6 Saskatoon	$23,300	$25,008	$5,269	$5,315	$28,569	$30,324
7 Heartland	$484	$359	$1	$0	$485	$359
8 Kelsey Trail	$974	$960	$877	$899	$1,851	$1,859
9 Prince Albert Parkland	$4,624	$4,710	$4,046	$4,153	$8,670	$8,863
10 Prairie North	$3,876	$3,981	$1,822	$1,873	$5,698	$5,854
11 Mamawetan Churchill River	$64	$66	$215	$0	$279	$66
12 Keewatin Yatthé	$0	$0	$128	$87	$128	$87
13 Athabasca	$0	$0	$85	$87	$85	$87
All Regional Health Authorities	$77,332	$82,938	$18,942	$19,477	$96,274	$102,415
Provincial Projects[2]	$0	$0	$4,431	$5,120	$4,431	$5,120
All Expenditures	**$77,332**	**$82,938**	**$23,373**	**$24,597**	**$100,705**	**$107,535**

[1] These expenditures for physician services are administered through RHAs and funded by Saskatchewan Health.

[2] These Alternate Payment arrangements are intended to benefit the entire provincial population.

Note: Payments for primary care arrangements are excluded. Responsibility for the management of these agreements was transferred to Primary Health Services Branch effective April 1, 2004.

Table 29
Insured Population by Age and Sex by Regional Health Authority

		Regional Health Authority of Patient Residence													
		1	2	3	4	5	6	7	8	9	10	11	12	13	
Age Groups	Sex	Sun Country	Five Hills	Cypress	Regina Qu'Appelle	Sunrise	Saskatoon	Heartland	Kelsey Trail	Prince Albert Parkland	Prairie North	Mamawetan Churchill River	Keewatin Yatthé	Athabasca	**Total**
Under 1	M	298	250	218	1,419	307	1,675	183	205	535	563	282	111	24	6,069
	F	289	263	199	1,364	232	1,569	181	212	485	591	263	100	35	5,783
	T	587	513	417	2,782	539	3,244	364	417	1,020	1,155	545	211	59	11,852
1 - 4	M	1,178	1,134	940	5,607	1,112	6,744	910	961	2,192	2,183	949	430	115	24,454
	F	1,153	1,070	857	5,306	1,062	6,459	847	860	2,011	2,192	963	423	119	23,322
	T	2,331	2,203	1,796	10,913	2,173	13,203	1,757	1,821	4,203	4,376	1,912	853	234	47,776
5 - 9	M	1,538	1,424	1,306	7,305	1,498	8,883	1,198	1,270	2,739	2,790	1,171	585	128	31,835
	F	1,547	1,423	1,232	7,049	1,370	8,339	1,204	1,293	2,729	2,669	1,134	511	124	30,624
	T	3,085	2,847	2,538	14,353	2,869	17,222	2,402	2,563	5,468	5,459	2,305	1,096	252	62,459
10 - 14	M	1,842	1,692	1,439	8,348	1,715	9,895	1,441	1,453	3,114	3,014	1,246	655	121	35,974
	F	1,707	1,611	1,384	8,028	1,652	9,399	1,329	1,387	3,017	2,830	1,226	612	121	34,304
	T	3,549	3,303	2,823	16,376	3,367	19,294	2,770	2,841	6,131	5,843	2,472	1,267	242	70,278
15 - 19	M	1,983	2,132	1,633	9,361	1,947	10,980	1,749	1,624	3,348	3,127	1,182	656	128	39,849
	F	1,913	1,930	1,553	8,869	1,931	10,328	1,707	1,582	3,139	3,032	1,124	641	117	37,867
	T	3,896	4,061	3,186	18,230	3,878	21,308	3,457	3,206	6,486	6,159	2,306	1,297	245	77,716
20 - 24	M	1,869	2,081	1,482	9,420	1,825	11,263	1,671	1,487	2,742	3,036	915	518	123	38,431
	F	1,754	1,886	1,408	9,154	1,748	11,256	1,465	1,270	2,693	2,805	906	449	138	36,931
	T	3,623	3,967	2,890	18,574	3,573	22,518	3,136	2,757	5,435	5,841	1,821	967	261	75,362
25 - 29	M	1,722	1,618	1,220	8,654	1,516	10,135	1,265	1,138	2,290	2,524	792	360	106	33,341
	F	1,542	1,564	1,166	8,488	1,380	10,183	1,091	1,031	2,143	2,385	723	401	85	32,181
	T	3,264	3,181	2,386	17,142	2,896	20,318	2,357	2,169	4,434	4,909	1,515	761	191	65,522
30 - 34	M	1,497	1,362	1,109	7,811	1,439	9,292	999	1,168	2,081	2,165	713	390	84	30,111
	F	1,391	1,407	1,129	7,735	1,314	9,150	1,052	1,077	2,260	2,153	748	375	73	29,863
	T	2,888	2,769	2,238	15,547	2,753	18,442	2,051	2,245	4,341	4,318	1,461	765	157	59,974
35 - 39	M	1,488	1,360	1,110	7,785	1,456	9,045	1,155	1,132	2,263	2,035	757	434	73	30,092
	F	1,465	1,485	1,217	7,745	1,511	9,159	1,040	1,115	2,338	2,110	673	441	75	30,373
	T	2,953	2,845	2,327	15,530	2,967	18,204	2,195	2,247	4,600	4,144	1,430	875	148	60,465
40 - 44	M	1,947	1,877	1,525	9,260	1,865	11,066	1,409	1,401	2,538	2,468	675	406	67	36,504
	F	1,854	1,910	1,560	9,650	1,889	11,175	1,459	1,332	2,700	2,522	658	374	81	37,165
	T	3,801	3,788	3,085	18,910	3,754	22,241	2,868	2,733	5,238	4,991	1,333	780	148	73,669
45 - 49	M	2,162	2,228	1,867	9,699	2,128	11,332	1,778	1,477	2,791	2,567	631	354	54	39,067
	F	2,008	2,174	1,763	9,696	2,010	11,553	1,615	1,433	2,819	2,494	600	313	45	38,522
	T	4,169	4,401	3,630	19,395	4,138	22,886	3,393	2,909	5,610	5,061	1,231	667	99	77,589
50 - 54	M	1,998	2,121	1,675	8,850	2,157	10,261	1,772	1,567	2,591	2,250	544	255	34	36,074
	F	1,788	1,974	1,552	8,974	1,956	10,282	1,503	1,460	2,471	2,196	501	225	31	34,914
	T	3,786	4,095	3,226	17,824	4,113	20,543	3,275	3,028	5,062	4,446	1,045	480	65	70,988
55 - 59	M	1,593	1,725	1,314	7,265	1,838	8,259	1,312	1,359	2,191	1,898	448	238	27	29,466
	F	1,472	1,681	1,301	7,292	1,873	8,144	1,285	1,333	2,258	1,697	380	178	30	28,923
	T	3,065	3,406	2,615	14,557	3,711	16,403	2,597	2,692	4,448	3,594	828	416	57	58,389
60 - 64	M	1,243	1,281	1,078	5,068	1,489	5,766	1,065	1,145	1,738	1,445	266	155	28	21,766
	F	1,224	1,250	1,071	5,323	1,562	5,891	1,006	1,077	1,683	1,302	214	143	21	21,766
	T	2,467	2,531	2,149	10,391	3,050	11,656	2,072	2,222	3,421	2,747	480	298	49	43,532
65 - 69	M	1,051	1,025	908	4,080	1,403	4,592	883	988	1,455	1,108	197	134	17	17,842
	F	1,057	1,131	942	4,485	1,467	5,114	901	970	1,444	1,119	191	106	18	18,944
	T	2,108	2,155	1,850	8,565	2,870	9,706	1,784	1,958	2,900	2,227	388	240	35	36,786
70 - 74	M	988	1,020	885	3,511	1,266	4,033	807	836	1,228	957	159	82	19	15,792
	F	1,063	1,131	920	4,026	1,428	4,684	895	848	1,275	968	136	74	12	17,460
	T	2,051	2,151	1,805	7,537	2,694	8,717	1,703	1,684	2,503	1,925	295	156	31	33,252
75 & Over	M	2,124	2,255	1,777	6,549	2,793	7,536	1,831	1,775	2,124	1,638	168	117	20	30,707
	F	3,060	3,449	2,574	10,590	4,061	12,321	2,645	2,503	3,037	2,352	203	113	12	46,915
	T	5,183	5,704	4,350	17,141	6,853	19,856	4,477	4,278	5,160	3,990	371	230	32	77,622
Total all ages	**M**	26,519	26,583	21,482	119,992	27,753	140,757	21,431	20,988	37,958	35,768	11,095	5,880	1,168	497,374
	F	26,286	27,338	21,821	123,775	28,446	145,006	21,226	20,783	38,501	35,417	10,643	5,479	1,137	505,857
	T	52,804	53,921	43,303	243,767	56,199	285,763	42,657	41,770	76,459	71,185	21,738	11,359	2,305	1,003,231

Notes: 1) Population as at June 30, 2006.

2) Band members are placed in the regional health authority as indicated by their mailing address.

Table 30
Per Cent of General Practitioner Payments by Patient Regional Health Authority by Physician Regional Health Authority

Regional Health Authority of Patient Residence	Regional Health Authority of Physician Practice														
	1 Sun Country	2 Five Hills	3 Cypress	4 Regina Qu'Appelle	5 Sunrise	6 Saskatoon	7 Heartland	8 Kelsey Trail	9 Prince Albert Parkland	10 Prairie North	11 Mamawetan Churchill River	12 Keewatin Yatthé	13 Athabasca	Out of Province	Total
1 Sun Country	81.9	1.5	0.1	12.0	0.2	0.8	0.4	0.1	0.1	0.1	0.0	0.0	0.0	2.7	100.0
2 Five Hills	0.6	87.8	0.6	5.8	0.1	1.7	0.3	0.0	0.1	0.1	0.0	0.0	0.0	2.8	100.0
3 Cypress	0.2	2.1	83.7	2.0	0.0	2.2	0.4	0.1	0.1	0.2	0.0	0.0	0.0	9.0	100.0
4 Regina Qu'Appelle	0.6	0.5	0.1	94.4	0.5	1.3	0.1	0.1	0.1	0.1	0.0	0.0	0.0	2.2	100.0
5 Sunrise	0.3	0.2	0.1	7.2	83.5	3.6	0.2	1.0	0.2	0.1	0.0	0.0	0.0	3.5	100.0
6 Saskatoon	0.1	0.1	0.1	1.1	0.2	93.6	0.3	0.6	1.0	0.5	0.0	0.0	0.0	2.4	100.0
7 Heartland	0.0	1.4	1.3	0.5	0.1	10.5	74.3	0.1	0.2	3.7	0.0	0.0	0.0	7.8	100.0
8 Kelsey Trail	0.1	0.1	0.2	1.0	0.5	6.7	0.2	83.1	5.4	0.3	0.0	0.0	0.0	2.4	100.0
9 Prince Albert Parkland	0.0	0.1	0.1	0.6	0.1	6.4	0.1	1.9	86.1	2.0	0.2	0.1	0.0	2.5	100.0
10 Prairie North	0.0	0.0	0.0	0.3	0.1	4.0	1.0	0.1	1.0	70.7	0.0	0.0	0.0	22.6	100.0
11 Mamawetan Churchill River	0.0	0.2	0.0	0.8	0.2	5.3	0.1	0.4	23.8	0.5	42.9	0.1	0.0	25.7	100.0
12 Keewatin Yatthé	0.0	0.0	0.0	0.5	0.0	7.3	0.0	0.1	5.2	36.6	0.6	43.8	0.0	5.9	100.0
13 Athabasca	0.0	0.0	0.0	0.8	0.0	19.2	0.4	1.4	60.2	2.8	4.5	1.6	0.0	9.1	100.0
Rural Emergency Coverage	12.3	5.5	9.6	10.5	8.6	10.6	13.3	10.5	4.8	7.2	2.0	3.9	1.3	0.0	100.0
All Regional Health Authorities	**5.3**	**5.3**	**3.7**	**24.6**	**5.2**	**27.2**	**4.0**	**4.3**	**8.1**	**6.3**	**0.6**	**0.5**	**0.0**	**4.7**	**100.0**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.

2) This data is not adjusted for any demographic differences between regional health authorities.

3) Band members are placed in the regional health authority as indicated by their mailing address.

4) Payments to physicians by regional health authority have not been adjusted for itinerant services.

5) See "Data Limitations" on page 10.

Table 31
Per Capita Physician Payments and Services by Patient Regional Health Authority and Per Cent of Population Treated (In- and Out-of-Province)

Regional Health Authority of Patient Residence	General Practitioners			Specialists			All Physicians		
	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)	Per Capita Payments Excluding Emergency Coverage ($)	Per Capita Services	Per Cent of Insured Population Treated (%)
1 Sun Country	214.81	7.58	86.0	179.55	3.00	37.1	394.36	10.59	87.1
2 Five Hills	195.74	7.66	86.9	225.88	4.08	45.7	421.61	11.74	88.6
3 Cypress	178.27	6.79	81.6	212.87	4.16	41.8	391.14	10.95	84.3
4 Regina Qu'Appelle	191.98	7.15	87.0	236.47	4.35	49.3	428.45	11.49	88.8
5 Sunrise	197.92	7.64	84.0	217.85	4.02	43.9	415.77	11.66	86.5
6 Saskatoon	180.06	6.77	86.7	239.99	4.79	51.2	420.05	11.56	88.8
7 Heartland	207.91	7.62	85.9	198.27	3.69	43.0	406.18	11.31	87.5
8 Kelsey Trail	200.76	7.41	84.4	182.62	3.17	37.3	383.38	10.58	86.0
9 Prince Albert Parkland	208.05	7.91	88.8	209.77	3.97	45.4	417.82	11.88	90.4
10 Prairie North	205.81	7.17	84.2	188.58	4.03	38.3	394.39	11.20	85.6
11 Mamawetan Churchill River	116.38	4.11	68.9	137.37	2.47	30.5	253.75	6.57	72.5
12 Keewatin Yatthé	147.49	4.77	73.4	145.38	2.52	29.4	292.87	7.29	75.4
13 Athabasca	35.68	1.12	29.8	153.95	2.75	36.6	189.63	3.86	50.3
All Regional Health Authorities	**190.50**	**7.09**	**84.5**	**219.25**	**4.17**	**45.6**	**409.75**	**11.26**	**86.4**

Notes: 1) Use by residents of Northern Saskatchewan does not include services provided by physicians under contract with the University of Saskatchewan, Northern Medical Services.
2) This data is not adjusted for any demographic differences between regional health authorities.
3) Band members are placed in the regional health authority as indicated by their mailing address.
4) Excludes payments for specialist and rural emergency coverage programs.
5) See "Data Limitations" on page 10.

Table 32
General Practitioners in Relation to Population, Earnings and Practice Size

Regional Health Authority of Physician Practice	Number of Registered General Practitioners[1]	Number of Active General Practitioners[2]	Population Per Active General Practitioner	Average Payment Per Active GP	Average Number of Patients Per Active GP[3]	Average Patient Contacts Per Active GP[4]
1 Sun Country	42	37	1,427	$276,946	2,372	6,876
2 Five Hills	46	33	1,634	$278,502	2,354	7,055
3 Cypress	39	31	1,397	$214,160	1,709	5,890
4 Regina Qu'Appelle	269	194	1,257	$242,518	2,756	6,479
5 Sunrise	35	30	1,873	$302,990	2,430	8,023
6 Saskatoon	343	248	1,152	$208,926	2,431	5,306
7 Heartland	30	28	1,523	$275,277	1,965	6,773
8 Kelsey Trail	42	32	1,305	$263,108	2,296	6,508
9 Prince Albert Parkland	86	62	1,233	$249,547	2,995	6,830
10 Prairie North	85	54	1,318	$218,963	2,157	5,265
11 Mamawetan Churchill River	14	9	2,415	$107,617	2,016	2,969
12 Keewatin Yatthé	16	5	2,272	$121,328	1,548	3,015
13 Athabasca	5	0	--	--	--	--
All Regional Health Authorities	**1,003**	**763**	**1,315**	**$234,635**	**2,471**	**6,069**

[1] Physicians resident in Saskatchewan at the end of the year and having their own MSP billing number. Physicians may be counted in more than one RHA but the provincial total is a discrete count.

[2] General Practitioners with their own MSP billing numbers receiving $60,000 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

[3] The size of practice is the number of different persons on whose behalf a claim was paid during the year.

[4] A patient contact represents each time a practitioner saw a patient professionally regardless of the number of services provided at the time. The limit is one contact per patient, same doctor, same date of service. X-ray, ultrasound and laboratory services, and any professional interpretations of procedures are not considered to be patient contacts.

Notes: 1) Earnings, size of practice and patient contacts may reflect an upward bias as a result of physicians sponsoring locums. Payments for the rural emergency coverage program are included.

2) Data capture may not be complete for physicians participating in non-fee-for-service arrangements. Data, including the number of active physicians and average payments per physician, may be affected by the extent of shadow billing.

Table 33
Post-Graduate Medical Education [1] and Retention Rates by Academic Year [2]

Type of Physician	2001-02 Completed Program	2001-02 Remained[3] in Saskatchewan	2002-03 Completed Program	2002-03 Remained[3] in Saskatchewan	2003-04 Completed Program	2003-04 Remained[3] in Saskatchewan
Funded by the Clinical Services Fund						
Family Medicine – Regina	9 [5]	2	10 [4]	6	9 [4]	5
Family Medicine – Saskatoon	10	7	11 [6]	5	9 [5]	3
Family Medicine – Rural	3	3	1	1	5	4
Family Medicine/Emergency	2	2	1	1	3	2
All Family Medicine	**24**	**14**	**23**	**13**	**26**	**14**
Anaesthesia	2	1	4	3	2	-
Cardiology	1	-	1	1	2	2
Diagnostic Radiology[8]	3	2	3	1	3	3
General Surgery	3	2	3	-	2	-
Internal Medicine	2	1	-	-	-	-
Neonatal/Perinatal	-	-	-	-	-	-
Neurology	1	1	-	-	1	-
Neurosurgery	-	-	-	-	2	-
Obstetrics/Gynaecology	3	2	4	2	1	1
Ophthalmology	1	1	-	-	1	1
Orthopaedic Surgery	2	-	2	1	2	-
Paediatrics	-	-	1	1	2	-
Pathology	-	-	-	-	-	-
Physical Medicine & Rehabilitation	1	1	1	1	-	-
Psychiatry	3	1	4	1	1	1
Respiratory Medicine	1	1	1	-	1	-
Rheumatology	1	1	-	-	1	1
All Specialists	**24**	**14**	**24**	**11**	**21**	**9**
Total CSF Funded	**48**	**28**	**47**	**24**	**47**	**23**
Externally Funded	**3**	**2**	**0**	**0**	**4**	**4**
Total Physicians	**51**	**30**	**47**	**24**	**51**	**27**
CSF Funded Retention Rates[7]						
Family Medicine		64%		68%		61%
Specialists		58%		46%		43%
All Physicians		**61%**		**56%**		**52%**
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**61%**		**56%**		**56%**

[1] The Department supports educational activities at the College of Medicine, University of Saskatchewan through the Clinical Services Fund such as: clinical services provided by faculty; undergraduate, post-graduate and continuing medical education; post-graduate medical resident salaries and benefits; and medical and health-related research.

[2] Period ending June of stated year.

[3] Graduates who practised in Saskatchewan for at least six months upon completion of program.

[4] One graduate went on to a further residency program.

[5] Two graduates went on to a further residency program.

[6] Three graduates went on to a further residency program.

[7] Net of the number of graduates who have entered further training.

[8] Medical Imaging became Diagnostic Radiology in 2004-05.

Note: All current recruitment and retention initiatives are outlined in the Appendix (see page 57).

Table 33
(Continued)

Type of Physician	2004-05 Completed Program	2004-05 Remained[3] in Saskatchewan	2005-06 Completed Program	2005-06 Remained[3] in Saskatchewan	CSF Funded Positions in 2006-07	Retention Rate[7] of June 2006 Graduates
Funded by the Clinical Services Fund						
Family Medicine – Regina	9	6	8 [5]	6	19	75%
Family Medicine – Saskatoon	10	8	9 [4]	8	23	89%
Family Medicine – Rural	3	1	1	1	9	100%
Family Medicine/Emergency	2	2	3	2	2	67%
All Family Medicine	**24**	**17**	**21**	**17**	**53**	**81%**
Anaesthesia	3	1	2	2	19	100%
Cardiology	1	1	1	1	4	100%
Diagnostic Radiology[8]	3	3	3	2	16	67%
General Surgery	2	1	3	1	20	33%
Internal Medicine	-	-	2	2	26	100%
Neonatal/Perinatal	-	-	-	-	0	0%
Neurology	-	-	-	-	6	0%
Neurosurgery	1	-	1	-	5	0%
Obstetrics/Gynaecology	3	1	2	1	14	50%
Ophthalmology	1	-	1	-	5	0%
Orthopaedic Surgery	2	-	1	-	12	0%
Paediatrics	1	-	2	-	15	0%
Pathology	-	-	-	-	7	0%
Physical Medicine & Rehabilitation	-	-	3	2	5	67%
Psychiatry	4	3	3	2	11	67%
Respiratory Medicine	1	1	-	-	3	0%
Rheumatology	-	-	-	-	-	0%
All Specialists	**22**	**11**	**24**	**13**	**168**	**54%**
Total CSF Funded	**46**	**28**	**45**	**30**	**221**	**67%**
Externally Funded	**10**	**7**	**5**	**1**	**33**	**20%**
Total Physicians	**56**	**35**	**50**	**31**	**254**	**62%**
CSF Funded Retention Rates[7]						
Family Medicine		71%		81%		
Specialists		50%		54%		
All Physicians		**61%**		**67%**		
CSF Funded and Externally Funded Retention Rates[7]						
All Physicians		**63%**		**62%**		

Table 34
In-Province Chiropractors and Optometrists: Selected Indicators

	Chiropractors		Optometrists	
	2005-06	2006-07	2005-06	2006-07
Number of Registered[1] Practitioners	166	168	120	122
Population Per Registered[1] Practitioner	6,151	5,972	8,509	8,223
Per Cent of Beneficiaries Treated	11.1%	11.9%	9.3%	10.3%
Practising[2] Chiropractors and Optometrists:				
Number of Practitioners	164	168	119	120
Number by Age Group: Under 35	48	44	36	38
35 - 44	55	59	32	27
45 - 54	41	42	25	27
55 - 64	17	20	22	21
65 and over	3	3	4	7
Average Number of Patients Per Practitioner	894	907	808	853
Average Patient Contacts Per Practitioner	4,965	4,960	892	975
Average Payment Per Practitioner	$61,407	$62,598	$35,880	$38,751
Number by Dollar Range: Less than $10,000	5	7	8	7
$10,000 - 19,999	9	9	14	11
$20,000 - 39,999	33	31	51	48
$40,000 - 59,999	44	44	36	37
$60,000 - 79,999	36	36	9	14
$80,000 - 99,999	19	21	0	2
$100,000 - 119,999	7	9	1	1
$120,000 - 139,999	3	3	0	0
$140,000 - 159,999	2	4	0	0
$160,000 - 179,999	5	2	0	0
$180,000 & over	1	2	0	0

[1] Chiropractors and Optometrists practising in Saskatchewan under MSP coverage at the end of the year.

[2] Chiropractors and Optometrists receiving $1 or more in MSP payments during the year and practising in Saskatchewan under MSP coverage at the end of the year.

Note: Includes chiropractic and optometric services covered by the Supplementary Health Program.

Appendix

Recruitment and Retention Initiatives

- Specialist Recruitment and Retention Program -- A $2 million fund, jointly managed by the SMA, RHAs and Saskatchewan Health in a tripartite committee, is used to fund three programs: 1) *The Specialist Residency Bursary Program* offers up to 15 bursaries of $25,000 to fund residents in specialty training at the U of S for a maximum of three years. These bursaries require a return-of-service commitment of one year for each year of funding received; 2) *The Specialist Physician Establishment Grant* provides up to 15 grants of $30,000 to eligible specialists who establish a practice in Saskatchewan for a minimum of 36 months; and 3) *The Specialist Physician Enhancement Training Program* funds practicing specialists to obtain additional training. This program provides six grants of up to $80,000 per year for a maximum of two years, and requires a return-of-service commitment of two months for each month of funding received. Candidates must have practiced in Saskatchewan for two years to be eligible.

- Specialist Emergency Coverage Program -- This $15.6 million program was originally negotiated as part of the 2000-2003 SMA Agreement and is jointly managed by the SMA, RHAs and Saskatchewan Health in a tripartite committee. The primary objective of the Program is to meet the emergency needs of new or unassigned patients requiring specialty care and to ensure fair compensation for specialists who are available to provide coverage as part of an established call rotation (see Table 27).

- Long Service Retention Program -- This program, at a current budget of $6 million, was originally established as part of the 2000-2003 SMA Agreement. It is intended to recognize physicians who provide 10 or more years of service to the province.

- Rural Practice Establishment Grant (RPEG) Program -- Grants of $25,000 are available to Canadian-trained or landed immigrant physicians who establish new practices in rural Saskatchewan for a minimum of 18 months.

- Rural Practice Establishment Grant (RPEG) for Foreign-Trained Physicians -- Grants of up to $25,000 are available to eligible foreign-trained family physicians who establish practice for 18 months in a rural community. The 18-month return-of-service commitment will begin after the first 18 months required to qualify for the program have been completed. Eligible communities are those that have a population of 10,000 or less that can support two or more physicians in a group or shared call arrangement.

- Emergency Room Coverage/Weekend Relief Program -- This fund is directed to compensating physicians (through the Payment Schedule) for providing emergency room coverage in rural areas, and assisting communities with fewer than three physicians to access a list of physicians willing to provide relief coverage when needed (see Table 27).

- Regional Practice Establishment (RPEG) Program -- Grants of $10,000 are available to eligible family physicians who establish a practice for a minimum of 18 months in a regional center. An 18-month return-of-service commitment will begin after the initial 18-month qualification period is fulfilled.

- Family Medicine Residency Bursary Program -- Bursaries of $25,000 are available to assist family medicine residents with educational expenses in exchange for a rural return-of-service commitment.

- Undergraduate Medical Student Bursary Program -- Grants, at the current level of $15,000, are available to medical students who sign a return of service commitment to a rural Saskatchewan community. Undergraduates who pursue a Family Medicine residency are eligible for three years of undergraduate funding and two years of resident funding, increasing the maximum funding available to $95,000.

- Rural Practice Enhancement Training -- This program provides income replacement to in-practice rural physicians and assistance to residents wishing to take specialized training in an area of demand in rural Saskatchewan. A return-of-service commitment is required.

- Specialist Re-Entry Program -- This program provides up to four grants annually to practicing family physicians entering specialty training. Saskatchewan Health and the SMA co-manage and fund this program (each fund two of the grants). Physicians must have practiced full-time in rural Saskatchewan for three years to qualify plus make a return-of-service commitment of one year for every year of training.

- Rural Emergency Care - CME Program -- This Continuing Medical Education program provides funds to rural physicians for certification and re-certification of skills in emergency care and risk management such as Advanced Cardiac Life Support and Paediatric Advanced Life Support. Full costs of Canadian tuition and a portion of travel and accommodation expenses (to a maximum of $250) may be reimbursed. Eligible physicians must have 12 months continuous licensure and 12 months of practice in rural Saskatchewan. A return of service commitment is expected.

- Locum Service Program -- This program, operated by the SMA and managed by the Committee on Rural and Regional Practice, provides coverage while physicians take vacation, education or other leave.

- Support Services -- The SMA operates a Rural Travel Assistance Program, a Rural Extended Leave Program, a Liability Insurance Coverage Program, a Continuing Medical Education fund, and Parental Leave Program.

- Information Technology Fund -- A $2 million initiative established through the 2006-2009 SMA Agreement will assist in the development of the electronic medical record as part of the overall Electronic Health Record.

- Saskatchewan Health Residency Training Positions for International Medical Graduates -- This program funds up to four residency positions annually at the U of S. These positions are dedicated to international medical graduates who require a period of clinical training in order to qualify for licensure to practice in Saskatchewan.

Agreements with Professional Associations

- The newly negotiated physician agreement between Saskatchewan Health and the Saskatchewan Medical Association (SMA) covers three years, April 1, 2006 to March 31, 2009. It provides general fee increases of 2.8 per cent on April 1 of each year plus $3 million over the term of the agreement for new items and modernization of the Payment Schedule. The agreement also provided a total of $11.8 million to bolster recruitment and retention programs (see Recruitment and Retention Initiatives, page 57).

- The newly negotiated chiropractic agreement between Saskatchewan Health and the Chiropractors' Association of Saskatchewan covers three years, April 1, 2006 to March 31, 2009 and provides fee increases of 2.5 per cent in each year of the contract.

- The latest optometric agreement between Saskatchewan Health and the Saskatchewan Association of Optometrists covered the period June 1, 2004 to March 31, 2007. It provided a 6 per cent general fee increase retroactive to April 1, 2005, inclusion of assessments of ocular urgencies and emergencies by optometrists as insured services effective April 1, 2006, and a 1 per cent general fee increase March 31, 2007.

- The latest dental agreement between the College of Dental Surgeons and Saskatchewan Health covered 10 years, August 1, 1995 to March 31, 2005.